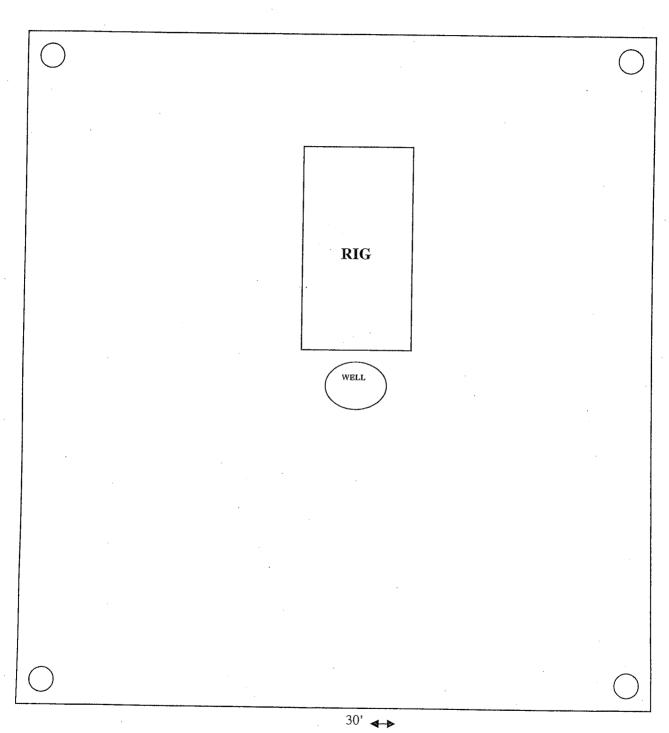
7.	
OCD Approval: Permit Application (including closure plan) Closure P	lan (only)
OCD Representative Signature:	Approval Date: AN 1 0 2011
Title: DISTRICT 1 3UPERVISOR	OCD Permit Number: P1-03344
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior t The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl	o implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this
	Closure Completion Date:
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, drilt two facilities were utilized.	That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ling fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) \(\subseteq \text{No} \)	in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ons:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem	eport is true, accurate and complete to the best of my knowledge and ents and conditions specified in the approved closure plan.
Name (Print):	Title:
Signature:	
e-mail address:	Telephone:

C-144CLEZ P&A Attachment RIG LAY-OUT



STEEL PIT



New Mexico Drilling Daily Circulating System Inspection For Closed Loop Systems

PARTITION OF THE PROPERTY AND THE PROPERTY OF THE PARTY O		7. A	_		
Wellname:			Permit #:	Rig Mobe Date:	
County:	A THE COLUMN TO			Rig Demobe Date:	
Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pumps not Has any hazardous waste been contained?* Explain	umps not Has a	ny hazardous waste been
				W. C.	**************************************
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All circulating systems to be inspected DAILY during drilling operations.

*Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

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