District I
1625 N. French Dr., Hobbs, NM 88240
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1301 W Grand Avenue, Artesia, NM 88210
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1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

### Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit Closure

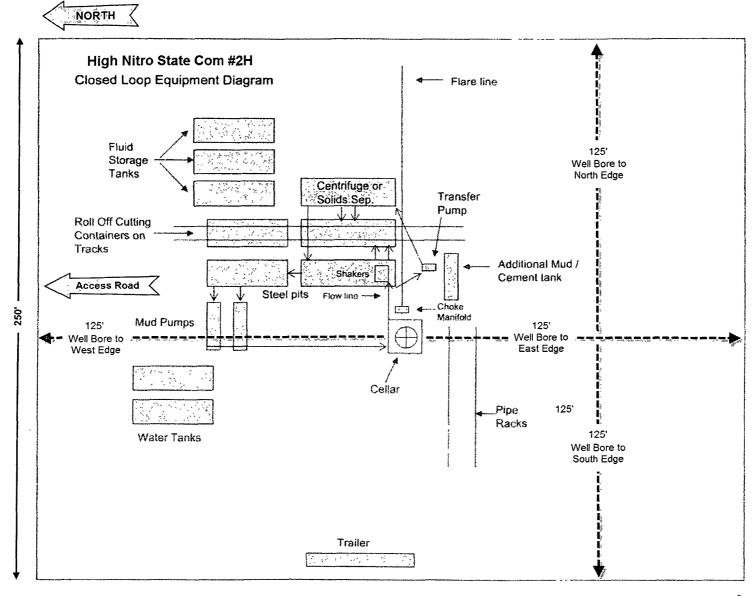
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance

third does approval refleve the operator	of its responsibility to comply with any other applicable governmental authority	s rules, regulations of ordinances.				
Operator: Murchison Oil & Gas, Inc.	OGRID#: <u>15363</u>					
Address: 1100 Mira Vista Boulevard, Plano,	RECEIVED					
Facility or well name: HIGH NITRO STATE						
API Number: <u>30-015- 39881</u>	FEB <b>15</b> 2012					
U/L or Qtr/Qtr <u>C</u> Section <u>12</u> Townsh	U/L or Qtr/Qtr C Section 12 Township 17S Range 28E County: Eddy  NMOCD AF					
Center of Proposed Design: Latitude 32.85715	7° Longitude <u>-104.129867°</u> NAD: □1927 ⊠ 1983	AMOOD ATTESIA				
Surface Owner: ☐ Federal ☒ State ☐ Private	Tribal Trust or Indian Allotment					
Z.	15 17 11 NIMAC					
☐ Closed-loop System: Subsection H of 19.1						
•	r or Drilling (Applies to activities which require prior approval of a permit o	r notice of intent) P&A				
☐ Above Ground Steel Tanks or ☐ Haul-off E	31115					
Signs: Subsection C of 19.15.17.11 NMAC						
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers						
Signed in compliance with 19.15.3.103 NMAC						
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC						
Previously Approved Design (attach copy of design)  API Number:						
Previously Approved Operating and Maintenance Plan API Number:						
S. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.						
Disposal Facility Name: <b>CRI</b>	Disposal Facility Permit Number: R1966/NM-01-0006					
Disposal Facility Name: <b>GMI</b>	Disposal Facility Permit Number: 711-019-001/NM-01-0019					
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below) No						
Required for impacted areas which will not be used for future service and operations:  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC						

6. Operator Application Certification:	
I hereby certify that the information submitted with this application is true, accurate	arate and complete to the best of my knowledge and belief.
Name (Print): Darrick Stallings Title: VP, Operations - I	
Signature:	Date: 2/8/12
e-mail address: dstallings@idmii.com Telephone: (972) 931-0700	
7. OCD Approval: Permit Application (including closure plan) Closure	Plan (only)
OCD Representative Signature:	Approval Date: Oa/17/2012
Title: DIST # Spewisor	OCD Permit Number: 2/2522
Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the form until an approved closure plan has been obtained and the content of the content of the form until an approved closure plan has been obtained and the content of the	to implementing any closure activities and submitting the closure report. The completion of the closure activities. Please do not complete this
	- Closure Completion Bates
Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dr. two facilities were utilized.	s That Utilize Above Ground Steel Tanks or Haul-off Bins Only: illing 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 one Yes (If yes, please demonstrate compliance to the items below) \( \subseteq \text{No} \)	or 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 opera  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	tions:
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require	
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:

#### **CLOSED LOOP SYSTEM**



#### Murchison Oil & Gas, Inc. High Nitro State Com #2H

200' FNL & 2,602' FWL Sec. 12, T17S, R28E Eddy County, NM

#### **CLOSED-LOOP OPERATING AND MAINTENANCE PLAN**

- All drilling fluid circulated over shaker(s) with cuttings discharged into roll-off container.
- Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll-off container.
- Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.
- Roll-off containers are lined and de-watered with fluids re-circulated into system.
- Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.
- This equipment will be maintained 24 hours/day by solids control personnel and/or rig crews that stay on location.
- Cuttings will be hauled to one of the following depending upon which rig is available to drill this well:
  - o CRI Permit Number R9166 / NM-01-0006
  - o GMI Permit Number 711-019-001 / NM-01-0019

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# State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised October 15,2009 Submit one copy to appropriate District Office

☐ AMENDED REPORT

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number			2 Pool Code	:	'Pool Name				
			- }	96210	1	Empire; Glori	leta-Yeso		
4 Property	Code		<del>'</del>		5 Property	roperty Name			6 Well Number
26943		HIGH NITRO STATE COM						2H	
<sup>7</sup> OGRID	No.	* Operator Name						" Elevation	
15363	3	MURCHISON OIL & GAS, INC.						3632.2	
<sup>10</sup> Surface Location									
UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West line	County
C	12	17 S	28 E		200	NORTH	2602	WEST	EDDY
			" Bo	ttom Hol	e Location	If Different Fron	n Surface		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	12	17 S	28 E		380	NORTH	330	WEST	EDDY
<sup>2</sup> Dedicated Acres	Joint o	r Infill 13 C	onsolidation	Code 13 Or	der No.				<u> </u>
80						•			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

NW CORNER SEC. 12   BOTTOM OF HOLE	N 0 CORNER SEC. 12   NE CORNER SEC. 12 LAT. = 32'51'27.721"N   LAT. = 32'51'27.833"N LONG. = 104'07'47.371"W LONG. = 104'07'16.761"W   HIGH NITRO STATE   COM #2H ELEV. = 36'32.2'   LAT. = 32'51'25.766"N (NAD83) LONG. = 104'07'47.522"W	17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral incress in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore emered by the division
W O CORNER SEC. 12		Printed Name Darrick Stallings  18SURVEYOR CERTIFICATION Thereby certify that the well location shown on thus plat
		was plotted from field notes of actual surveys made by me or under nivesuper vision, that that the same is true and correct to the best of my belief JANUARY 1202
SW CORNER SEC. 12 LAT. = 32'50'35.312'N LONG. = 104'08'19.354'W	   SE CORNER SEC. 12   LAT. = 32'50'35.386"N   LONG. = 104'07'16.895"W	Signature and Sear of Probability of Search Signature and Search Search Signature of Search S