In State Street March	
District I State of New Mexico	Form C-144 CLEZ
istrict I State of New Mexico 625 N. French Dr., Hobbs, NM 88240 HOBBS Energy Minerals and Natural Resources IL S. First St. Artesia NM 88210 MAP o	Revised August 1, 2011
For clo	sed-loop systems that only use above steel tanks or haul-off bins and propose
	ement waste removal for closure, submit ppropriate NMOCD District Office.
strict IV 1220 South St. Francis Dr., Santa Fe, NM 87505 RECEIVEN to the aj 20 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 to the aj	ppropriate NWOCD District Office.
Closed-Loop System Permit or Closure Plan Applic	cation
(that only use above ground steel tanks or haul-off bins and propose to implement wast	
Type of action: 🛛 Permit 🕅 Closure	
nstructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any losed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal f ase be advised that approval of this request does not relieve the operator of liability should operations result in pollution	or closure, please submit a Form C-144. To f surface water, ground water or the
ironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmenta	al authority's rules, regulations or ordinances.
Derator: LINN Operating, Inc. OGRID #: 269324	
dress: 600 Travis Street, Suite 5100 Houston, Texas 77002	a.
cility or well name: North Benson Queen Unit #041	
PI Number: <u>30-015-10152</u> OCD Permit Number: 2//5 44	
L or Qtr/Qtr <u>H</u> Section <u>33</u> Township <u>188</u> Range <u>30E</u> County: <u>Eddy</u>	
enter of Proposed Design: Latitude <u>32.7066842156329</u> Longitude <u>-103.969489726184</u> NAD: 1927 198	3
rface Owner: 🛛 Federal 🗌 State 🔲 Private 🛄 Tribal Trust or Indian Allotment	
Closed-loop System: Subsection H of 19.15.17.11 NMAC peration: Drilling (Applies to activities which require prior approval of	
	a permit or notice of intent) \square P&A
Above Ground Steel Tanks or 🔲 Haul-off Bins	
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Above Ground Steel Tanks or Haul-off Bins igns: 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	
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OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Approval Date: <u>4/1/13</u>	
Title: Dist I Syper	OCD Permit Number: 211544	
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.		
	Closure Completion Date: <u>3/8/2013</u>	
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: <u>LEA LAND, LLC</u> Disposal Facility Permit Number: <u>SWM131401</u>		
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and oper Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ations:	
10. 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): Signature: e-mail address: HOALANAC INNERGY, COM	re report is true, accurate and complete to the best of my knowledge and rements and conditions specified in the approved closure plan. Title: <u>PLQUICHONY SPICIALISE III</u> Date: <u>3/19/20/3</u> Telephone: <u>28/-840-4272</u>	
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LINN OPERATING, INC.

NORTH BENSON QUEEN UNIT #041

UNIT H, SEC 33, T-18-S, R-30-E

EDDY COUNTY, NM

API#: 30-015-10152

Item #4 Form C-144 CLEZ Attachment

Equipment & Design:

LINN Operating, Inc. will use a closed loop system in the plugging and abandoning of this well. The following equipment will be on location:

(1) 500 bbl steel tank

Operations & Maintenance

During each day of operation, the rig's crew will inspect and closely monitor the fluids contained within the steel tank and visually monitor any release that may occur. Should a release, spill or leak occur, the NMOCD District 1 office Hobbs (575-393-6161) will be notified, as required in the NMOCD's rule 19.15.29.8.

Closure

After plugging and abandoning, fluids and solids will be hauled and disposed at CRI's (Control Recovery Inc.) location, permit number NM 01-0019. Secondary site will be Gandy-Marley Disposal, permit number NM 01-0006.