District II 1301 W. Grand Avenue, Artesia, NM 88240 District III 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 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.

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

Santa Fe, NM 87505

Type of action:	•	(that only use above ground steel tax	nks or haul-off bins and prop	ose to implement wast	<u>e removal for closure)</u>		
classel-loop system that only use above ground steel maks or haul-off bits and propose to implement waste remond for closure, please submit a Form C-14. ease he advised that approach of this reguest does not relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance. Operator: Mewbourne Oil Company OGRID #: 14744 Address: PO Box 5270 Hobbs, NM 88241 Eartily or well name: Brinshy Draw I. DM Federal #1H. API Number: _30-015-41284 DUL or Qirt'Oir D Section I Township 268 Range 29E County: Eddy Undertee of Proposed Design: Latitude Longitude NAD: [1927] 1983 Varface Owner: Subsection H of 19.15.17.11 NMAC Longitude Subsection H of 19.15.17.11 NMAC Operation: Subsection H of 19.15.17.11 NMAC Operation: Subsection H of 19.15.17.11 NMAC Subsection G of 19.15.17.11 NMAC Subsection Government of the providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC Clossed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC Instructions: Each of the following times must be attached to the application. Please indicate, by a check mark in the box. First Instructions: Each of the following times must be attached to the application. Please indicate, by a check mark in the box. First Instructions: Each of the following times must be attached to the application. Please indicate, by a check mark in the box. First Instructions: Each of the following times must be attached to the application. Please indicate, by a check mark in the box. First Instructions: Each of the following times must be attached to the application of 19.15.17.19 NMAC and 19.15.17.13 NMAC Closure Flant Closure For Closed-loop Systems of the properties requirements of 19.15.17.11 NMAC Subsection Confidence of 19.15.17.13 NMAC and 19.15.17.13 NMAC prevailed for importance requirements of Subsection Confidence of 19.15.17.13 NMAC and 19.15.17.13 NMAC sequence for importance plan the appropria		T ₂	ype of action: Permit	Closure			
Address: PO Box 5270 Hobbs, NM 88241 Facility or well name: Brushy Draw I. DM Federal # III	closed-loop syst	em that only use above ground steel tanks of that approval of this request does not relieve	or haul-off bins and propose to in the operator of liability should op-	nplement waste removal for perations result in pollution	or closure, please submit a Form C-144. of surface water, ground water or the		
Address: PO Box 5270 Hobbs, NM 88241 Facility or well name: Brushy Draw I. DM Federal # III	1.	011.0		00010 # 14544			
API Number:					·		
AND Number:							
Content of Proposed Design: Latitude							
Center of Proposed Design: Latitude					•		
Surface Owner: Section Content Subsection H of 19.15.17.11 NMAC Closed-loop System: Subsection H of 19.15.17.11 NMAC Departation: Department of Departm							
Closed-loop System: Subsection H of 19.15.17.11 NMAC P&A (NAD: 🔲 1927 🔲 1983		
Operation: So Drilling a new well workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A	Surface Owner:	Federal State Private Tr	ribal Trust or Indian Allotment				
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ARTESIA DISTRICT 2" 2" 2" 2" 2" 2" 2" 2	3.	=		i	MM OIL CONSERVATION		
Signed in compliance with 19.15.3.103 NMAC Subsection B of 19.15.17.9 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 Operating and Maintenance Plan - 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)							
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Disposal Facility Name:	Instructions: P	lease indentify the facility or facilities for	r the disposal of liquids, drilling	z fluids and drill cuttings	i. Use attachment if more than two		
Disposal Facility Name:	facilities are req	uired.			· .		
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I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Title:	6. Operator Appli	cation Certification:					
Name (Print):			application is true, accurate and c	complete to the best of m	y knowledge and belief.		
Signature: Date:	-			·			
e-mail address: Telephone:							
		•	E				

7.						
OCD Approval: Permit Application (including closure plan) Closure Plan (only)						
OCD Representative Signature: Approval Date: 7-3	9-14					
OCD Representative Signature: Approval Date: 7-3 Title: OCD Permit Number: 214242						
8. Closure Report (required within 60 days of closure completion): 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 Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: 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:R360_ · Disposal Facility Permit Number:NM-010006						
Disposal Facility Name:Lea Land Disposal Facility Permit Number:WM-1-035_						
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and \square Yes (If yes, please demonstrate compliance to the items below) $\boxed{\mathbb{X}}$ No	operations?					
Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique						
Operator Closure Certification:						
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of mibelief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure						
Name (Print): Jackie Lathan						
Signature: Date: 07/24/14						
e-mail address:_jlathan@mewbourne.com						