District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 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

July 21, 2008 For closed-loop systems that only use above

Form C-144 CLEZ

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 X Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a

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 ordinances.							
Operator: Dugan Production Corp. OGRID#: 6515							
Address: P.O.Box. 420, Farmington, NM							
Facility or well name: Old Hickory # 002							
ANIAN ANIAN 200 45 21952							
API Number:         300-45-21853         OCD Permit Number:           U/L or Qtr/Qtr         J         Section         33         Township         26N         Range         12W         County:         San Juan							
Center of Proposed Design: Latitude 36.44783 N Longitude 108.11336 W NAD: \(\overline{\text{NAD}}\) 1983							
Surface Owner:   Federal State Private Tribal Trust or Indian Allotment							
2.  Closed-loop System: Subsection H of 19.15.17.11 NMAC							
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)							
☑ Above Ground Steel Tanks or ☐ Haul-off Bins							
Signs: Subsection C of 19.15.17.11 NMAC  12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers							
Signs: Subsection C of 19.15.17.11 NMAC    Signs							
<ul> <li>Signs. Subsection € of 19.13.17.11 NMAC</li> <li>I 2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers</li> <li>Signed in compliance with 19.15.3.103 NMAC</li> </ul>							
4.							
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.							
<ul> <li>□ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>□ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC</li> <li>□ 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</li> </ul>							
Previously Approved Design (attach copy of design)  API Number:							
Previously Approved Operating and Maintenance Plan API Number:							
5.							
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: Disposal Facility Permit Number:							
Disposal Facility Name: Disposal Facility Permit Number:							
Disposal Facility Name: Disposal Facility Permit Number: 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							
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?							
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							

Signature:

e-mail address:

Telephone:

OCD Approval: Permit Application (including closure plan) Closure Plan-(o	* 1					
OCD Representative Signature:	Approval Date: 3/07/2013					
$\int \int \int dx dx dx dx dx$	D Permit Number:					
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 Completion Date: 01/17/2013					
9. 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: Sudded O' Brien SWD # 1 Disposal Facility Permit Number: SWD-694						
	posal Facility Permit Number:					
Were the closed-loop system operations and associated activities performed on or in areas that will not 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 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 my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.						
Name (Print): Aliph T Reena	Title: Production Engineer					
Signature:	Date:03/04/2013					
e-mail address: aliph.reena@duganproduction.com	Telephone: 505-325-1821					

## **DETRICK SERVICES**

P.O. Box 655 • Bloomfield, NM 87413 (505) 320-8169 • (505) 632-1453

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Total Fluid Top Gauge				Water	
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