| | State of New Mexico Energy Minerals and Natural Resou Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 op System Permit or Closure International Statement Stateme | 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. Plan Application | |
|---|--|--|--|
| Type of action: 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 ordinances. | | | |
| I. Yates Petroleum Corp Operator: Yates Petroleum Corp Address: 105 South Fourth Street Facility or well name: Lusk AHB Federal : API Number: 30 025-410 U/L or Qtr/Qtr A Section 35 Center of Proposed Design: Latitude N32.62266 Surface Owner: Federal State Private | t, Artesia, NM 88210 #17H DOO OCD Permit Number: Township <u>19S</u> Range <u>32</u> 93 Longitude <u>W103.731646</u> | P1-05766 | |
| 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) P&A Above Ground Steel Tanks or Haul-off Bins | | | |
| 3. 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 19.15.16.8 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. <u>Waste Removal Closure For Closed-loop System</u> <i>Instructions: Please indentify the facility or facili</i> <i>facilities are required.</i> Disposal Facility Name: <u>Gandy Marley</u> Disposal Facility Name: <u>CRI</u> Disposal Facility Name: <u>Lea Land Farm</u> Disposal Facility Name: <u>Sundance Services Inc</u> | ties for the disposal of liquids, drilling fluids Disposal Facilit Disposal Faci Disposal Faci | or Haul-off Bins Only: (19.15.17.13.D NMAC) and drill cuttings. Use attachment if more than two y Permit Number: <u>NM-01-0019</u> tity Permit Number: <u>R-9166</u> lity Permit Number: <u>WM-1-035</u> ility Permit Number: <u>NM-01-0003</u> | |
| 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 G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC | | | |
| Z. | | | |

| 6. Operator Application Certification: | | | |
|---|-----------------------------------|--|--|
| I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. | | | |
| | Title: Land Regulatory Technician | | |
| Signature: Lori Hores | Date: 2/14/2013 | | |
| e-mail address: lorif@yatespetroleum.com 7 | Telephone: <u>575-748-4448</u> | | |
| 7. OCD Approval: Permit Application (including closure plan) Closure Plan (only) | | | |
| OCD Representative Signature: | Approval Date: 2_/15/13 | | |
| Title: OCD F | Permit Number:P1-05766 | | |
| 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: | | | |
| 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: Dispos | al Facility Permit Number: | | |
| Disposal Facility Name: Dispos | al 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-vcgetation Application Rates and Seeding Tcchnique | | | |
| 10. 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. | | | |
| ne (Print): Title: | | | |
| Signature: | Date: | | |
| e-mail address: Te | Telephone: | | |

Yates Petroleum Corporation Closed Loop System

Equipment Design Plan

Closed Loop System will consist of:

1 – double panel shale shaker

1 - (minimum) Centrifuge, certain wells and flow rates may require 2 centrifuges On certain wells, the Centrifuge will be replaced by a Clackco Settling Tank System 1 - minimum centrifugal pump to transfer fluids

2- 500 bbl. FW Tanks

1 – 500 bbl. BW Tank

1 - half round frac tank - 250 bbl. capacity as necessary to catch cement / excess mud returns generated during a cement job.
1 Set of rail cars / catch bins

Certain wells will use an ASC Auger Tank

Operation Plan

All equipment will be inspected at least hourly by rig personnel and daily by contractors' personnel.

Any spills / leaks will be reported to YPC, NMOCD, and cleaned up without delay.

Closure Plan

Drilling with Closed Loop System, haul off bins will be taken to Gandy Marley, Lea Land Farm, CRI or Sundance Services Inc.