District I 1625 N. French Dr., Hobbs, NM 882 District II	40 HOBBS OCD Ener	State of New Mexico gy Minerals and Natural Ro	HOBBS OC	Form C-144 CLE2 Revised August 1, 2011
		Department	For closed-loo	p systems that only use above
811 S. First SL, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 8 District IV	741 APR 10 LUIS	Oil Conservation Divisi	on Vigtoutil fiel m to implement	aste removal for closure, submit
District IV 1220 S. St. Francis Dr., Santa Fe, NA	4 87505	1220 South St. Francis I Santa Fe, NM 87505	br. to the appropria	ate NMOCD District Office.
		stem Permit or Closu	RECEIVED	an a
(that only use	<u>Closed-Loop Sy</u>	stem Permit or Closu ks or haul-off bins and propos	e to implement waste remo	wal for closure)
Under Only use		£	Closure	<u> </u>
Instructions: Please submit one closed-loop system that only use	application (Form C-144 (LEZ) per individual closed-loop sy haul-off bins and propose to impl	estem request. For any application of the second	tion request other than for a re, please submit a Form C-144.
Please he advised that approval of th	is request does not relieve t	he operator of liability should opera	tions result in pollution of surf	ace water, ground water or the ity's rules, regulations or ordinances.
1. Operator: HALCON HOLDING	GS, INC. (FORMERLY	RAM ENERGY, INC.)	OGRID #: 18890	
Address: 5100 E. SKELLY DF			· · · · · · · · · · · · · · · · · · ·	
Facility or well name: EL ZOR				
API Number: 30-041-00170		OCD Permit Nun	iber: PI-D	6034/
U/L or Otr/Otr H	Section 28 7	ownship 08S Range	37E County: ROC	SEVELT
Center of Proposed Design: Lati		Longitude		NAD: 1927 1983
Surface Owner: Federal S		UUUUUUUU	· · · · · · · · · · · · · · · · · · ·	
2. Closed-loop System: Subs	ection H of 19.15.17.11 N	MAC		
Operation: Drilling a new we			aire prior approval of a permi	t or notice of intent) 🔟 P&A
Above Ground Steel Tanks or				-
3.			· · · · · · · · · · · · · · · · · · ·	
Signs: Subsection C of 19.15.17	•		· · ·	
□ 12"x 24", 2" lettering, provid		ocation, and emergency telephon	e numbers	
Signed in compliance with 19	.15.16.8 NMAC			
4. Closed-loop Systems Permit Ap	plication Attachment Cl	ecklist: Subsection B of 19.15.		
Instructions: Each of the follow				box, that the documents are
Instructions: Each of the follow attached.	ing items must be attache	d to the application. Please indi		box, that the documents are
	ing items must be attache the appropriate requirement e Plan - based upon the ap	d to the application. Please indi tts of 19.15.17.11 NMAC propriate requirements of 19.15.1	cate, by a check mark in the 7.12 NMAC	
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7. <u>OCD Approval:</u> Permit Application (including closure plan) Closure Plan (only)
OCD Representative Signature: Approval Date: 4-11-2013
Title: DIST. MAR OCD Permit Number: PI-06034
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: 892013
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>Reed EState</u> Disposal Facility Permit Number: <u># 3393</u>
Disposal Facility Name: Disposal 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?
\square Yes (If yes, please demonstrate compliance to the items below) \square 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
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.
And Deale Tools Tools
Name (Print): <u>(INULI UISCICU</u> Title: <u>REGULATORY ICONNICIAN</u>
Signature: UNaly Wasselley Date: 95 2013
e-mail address: CWiseley@halconresources.com Telephone: 918-632-01039
Elg 9-18-2013

Oil Conservation Division