District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410

1220 S. St. Francis Dr., Santa Fe, NM 87505

# HOBBS OCD State of New Mexico Energy Minerals and Natural Resources

Department APR 17 2061 Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505 RECEIVED

Form C-144 CLEZ Revised August 1, 2011

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

(that only use above ground steel tanks or haul-off bigs and propose to implement waste removal for closure)

Type of action: X Permit Closure

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

Address: 400 W. Illinois, Ste. 1601 Midland, TX 79701 Felility or well name. Drickuy Queen Sand Unit #5  API Number: 30-005-00926  OCD Pennit Number: P1 OW093  OCI Or Pennit Number: P1 OW093  OLD or Qurifur H Section 35 Township 138 Range 31E County: Chaves  API Number: 30-005-00926  OCD Pennit Number: P1 Ow093  OLD or Qurifur H Section 35 Township 138 Range 31E County: Chaves  Center of Proposed Designs. Latitude Private Priv	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.		
Concerned   Celever Energy II, LP	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.		
Address: 400 W. Illimois, Sto. 1601 Midland, TX. 79701 Facility or well name: Drickey Queen Sand Unit #5  API Number: 30-005-00926  OCD Permit Number: Drickey Queen Sand Unit #5  Center of Proposed Design: Latitude Longitude NAD:   1927   1983  Surface Owner:   Federal   State   Private   Tribal Trast or Indian Allotanent   12    Classed-loop Systems: 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	I.		
Facility or well name: Drickey Queen Sand Unit #5  API Number: Do.005-00926  OCD Permit Number: P1 - Q. Q. Q.  When Do. Q.			
API Number; 30-005-00926  U.I. or Qir/Qir H Section 35 Township 13S Range 31E County: Chaves  Center of Proposed Design: Latitude			
U.L. or Qiu/Qiu H Section 35 Township 13S Range 31E County: Chaves  Center of Proposed Design: Latitude			
Center of Proposed Design: Latitude	API Number: 30-005-00926 OCD Permit Number: F1-106093		
Surface Owner:			
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   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   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.   Signal Design Plan - based upon the appropriate requirements of 19.15.17.11 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)   API Number:   Previously Approved Operating and Maintenance Plan   API Number:   Previously Approved Operating and Maintenance Plan   API Number:   Switch Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)   Instructions: Place 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   Gandy Marley   Disposal Facility Name   Gandy Marley   Disposal Facility Name   Control Receivery   Salar   Subsection   Subsection Hoff 19.15.17.13 NMAC   Previously Approved Design Specifications - based upon the appropriate requirements of Subsection Hoff 19.15.17.13 NMAC   Revegetation Plan - based upon the appropriate requirements of Subsection Hoff 19.15.17.13 NMAC   Revegetation Plan - based upon the appropriate requirements of Subsection Hoff 19.15.17.13 NMAC   Revegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Revegetation Plan - based upon the appropriate requirements of Subsection G of 19.	Surface Owner: X Federal State Private Tribal Trust or Indian Allotment		
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   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   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.   Signature:   Si	2.		
Signs: Subsection C of 19.15.17.11 NMAC			
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   Signed in compliance with 19.15.16.8 NMAC   14.   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.   Signs   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)   API Number:			
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   4.   4.   4.   4.   4.   4.   4.   4.			
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			
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 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:  Swaste 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: Gandy Marley  Disposal Facility Name: Gandy Marley  Disposal Facility Name: Gandy Marley  Disposal Facility Name: Control Recovery  ABAC Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name in Instructions and associated activities occur on or in areas that 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  Recurrent of primpacted areas which will not be used for future service and operations:  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  Recurrent of Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  Title: Regulatory Analyst  Date: 04/15/2013			
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	M. Sighed in compliance with 12.13.10.6 NWAC		
Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC   Doerating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC   Doerating 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)   API Number:   API Numbe	Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC		
Design Plan - based upon the appropriate requirements of 19.15.17.11 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		
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC   Olosure 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:   API Number:			
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)			
Previously Approved Operating and Maintenance Plan   API Number:   S.			
Maste 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: Gandy Marley  Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name: Control Receivery  Mill 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  Poperator 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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013	Previously Approved Design (attach copy of design)  API Number:		
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: Gandy Marley  Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name: Control Receivery  Disposal Facility Permit Number: NM 01-006  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  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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013	Previously Approved Operating and Maintenance Plan API Number:		
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: Gandy Marley  Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name: Control Receivery  Disposal Facility Permit Number: NM 01-006  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  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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013	S. Where D. W. J. Charles G. A. That William C. L. Charles J. W. J. C. D. (1015) 1712 D. W. J. C. D. D. (1015) 1712 D. W. J. C. D		
Disposal Facility Name: Gandy Marley  Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name: Centrol Recevery  Disposal Facility Permit Number: NM 01-006  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  Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013			
Disposal Facility Name: Control Recevery \$3 \( \omega \) Disposal Facility Permit Number: \( \text{NM 01-086 OD66} \)  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that \( \text{will not} \) be used for future service and operations?  \[ \text{Yes (If yes, please provide the information below) } \text{No} \]  Required for impacted areas which will not be used for future service and operations:  \[ \text{Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  \[ \text{Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  \[ \text{Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  \[ \text{Operator Application Certification:} \]  I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): \( \text{Lisa Hunt} \)  \[ \text{Title: Regulatory Analyst} \]  \[ \text{Date: 04/15/2013} \]	facilities are required.		
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  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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013			
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   Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   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.   Name (Print): Lisa Hunt   Title: Regulatory Analyst     Signature:   Date: 04/15/2013	Disposal Facility Name: Control Recovery 9360 Disposal Facility Permit Number: NM 01-006 0006		
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  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  Perintor 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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013	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		
Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Signature: Date: 04/15/2013	Required for impacted areas which will not be used for future service and operations:		
Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC  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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Signature: Date: 04/15/2013	Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC		
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.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013			
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): Lisa Hunt  Title: Regulatory Analyst  Date: 04/15/2013	6.		
Name (Print): Lisa Hunt Title: Regulatory Analyst  Signature: Date: 04/15/2013	Operator Application Certification:		
Signature: Lua Hunt Date: 04/15/2013	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): Lisa Hunt Title: Regulatory Analyst		
e-mail address: <u>lhunt@celeroenergy.com</u> Telephone: (432)686-1883	Signature: Lua Hunt Date: 04/15/2013		
	c-mail address: hunt@celeroenergy.com  Telephone: (432)686-1883		

7. OCD Approval: Permit Application (including closure plan) Closure plan (only)		
OCD Representative Signature: Approval Date: -23 - 2013		
Title: Dist. Miss.	OCD Permit Number: P1 - 06093	
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:		
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:	Disposal Facility Permit Number:	
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?  Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and operate  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	ons:	
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):Lisa Hunt	Title: Regulatory Analyst	
Signature:	Date:	
c-mail address: <u>lhunt@celeroenergy.com</u>	Telephone: (432)686-1883	

Attachment to NMOCD Form C-144 CLEZ, Item number 4.

#### Design Plan

The closed-loop system will not involve a drying pad, temporary pit, below-grade tank or sump. Workover fluids and any accompanying cuttings will be circulated from the well through appropriate piping to a welded-steel tank of adequate volume. Cuttings will be separated from the workover fluids and held in a haul-off bin before the workover fluid is re-circulated to the well.

Fencing or netting is not required for an above-ground, closed-loop system. The site will have a sign in compliance with 19.15.3.103 NMAC.

### Operating and Maintenance Plan

Welded-steel tanks, haul-off bins, and associated piping will be maintained to contain liquids and solids. The equipment will be periodically inspected each day for leaks. The NMOCD District Office will be notified within 48 hours of the discovery of any leak in the equipment. Operations will be suspended and repairs will be started immediately upon the discovery of any leak. Hazardous waste, miscellaneous solid waste or debris will not be discharged into or stored in tanks or haul-off bins. Only fluids used in or cuttings generated by operations will placed or stored in the tanks or bins.

Fluids used in operations will be transported to Control Recovery for disposal on a periodic basis as necessary. Cuttings generated by operations will be transported to Gandy - Marley, Inc. for disposal on an as-needed basis.

#### Closure Plan

Steel tanks, haul-off bins, and related piping will be properly maintained. During and after rig operations, workover fluids and any generated cuttings will be hauled to Control Recovery and Gandy - Marley, Inc., respectively. All service equipment necessary for operations will be removed from the site at the conclusion of operations. Since there will not be any drying pads, temporary pits, or below-grade tanks or sumps, and future service and/or operations are likely, the site will not be reclaimed. The site will be reclaimed and re-vegetated once the well is permanently abandoned.