For closed-loop systems that only use above ground steel tanks or haul-off blns 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: 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 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 aviragement. Not does provide the approval of this request on a fit respectively with the computer water application of surface or preliming the second water or the aviragement.

 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 Site Reclamation 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 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: August August Date: 04/09/2013	environment. Nor does approval teneve the operator of	to comply wit	n any other applicable go	within the authority's	raios, regulations of ordinatices.	
Facility or well name: Rock Queen Unit #16 API Number: 30-005-00827 OCD Permit Number: PL-D&ISQ UL or QurQtr E Section 23 Township 13S Range 31E County: Chaves Center of Proposed Design: Latitude Longitude NAD:]1927] 1983 Surface Owner:] Federal & State] Private] Tribut Trist or Indian Allotment Image: Subsection H of 19.15.17.11 NMAC Operation:] OPIIIng a new well] Work over or Drilling (Applies to activities which require prior approval of a permit or notice of intent)] P&A Signs: Subsection C of 19.15.17.11 NMAC [] [] P&A Signs: Subsection C of 19.15.17.11 NMAC [] [] [] P&A Signs: Subsection C of 19.15.17.11 NMAC []	Operator: Celero Energy II, LP	Energy II, LP OGRID #:247128				
API Number: PL-D&ISQ U/L or QuP(Ur F Section 23 Township 13S Range 31E County: Chaves Center of Proposed Design: Latitude Longitude NAD:]1927] 1983 Surface Owner: Prederal Ø State] Private] Trihal Trust or Indian Alforment	Address: 400 W. Illinois, Ste. 1601 Midland, TX 79701					
U/L or QitrQitr F Section 23 Township 13S Range 31E County: Chaves Center of Proposed Design: Latitude Longitude NAD: []1927 []1983 Surface Owner: [] Federal S State [] Private [] Tribal Trust or Indian Allotment	Facility or well name: <u>Rock Queen Unit #16</u>					
U/L or Qit/Qitr F Section 23 Township 13S Range 31E County: Chaves Center of Proposed Design: Latitude	API Number: <u>30-005-00827</u>	OCD I	Permit Number:	P1-06	159	
Surface Owner: Federal 🗟 State Private Tribal Trust or Indian Allotment: 2 Classed-loop System: Subacction 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) Image: P&A 3 Signer: Subsection C of 19.15.17.11 NMAC Image: Parmit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signer Signer 3 Signer Signer in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC 4 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Image: Subsection C of 19.15.17.9 NMAC 5 Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC State Closure Plan (Plense complete Dox 5) - based upon the appropriate requirements of 19.15.17.12 NMAC and 19.15.17.13 NMAC 10 Previously Approved Departing and Maintenance Plan API Number:	U/L or Qtr/Qtr <u>F</u> Section <u>23</u>	Township 13S	Range <u>31E</u>	_ County: <u>Chaves</u>		
Surface Owner: Federal 🗟 State Private Tribal Trust or Indian Allotment: 2 Classed-loop System: Subacction 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) Image: P&A 3 Signer: Subsection C of 19.15.17.11 NMAC Image: Parmit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signer Signer 3 Signer Signer in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC 4 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Image: Subsection C of 19.15.17.9 NMAC 5 Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC State Closure Plan (Plense complete Dox 5) - based upon the appropriate requirements of 19.15.17.12 NMAC and 19.15.17.13 NMAC 10 Previously Approved Departing and Maintenance Plan API Number:	Center of Proposed Design: Latitude	Long	jitude		_ NAD: 🔲 1927 🔲 1983	
Security Constraints: 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 Signes: Subsection C of 19.15.17.11 NMAC Signes: Subsection C of 19.15.17.11 NMAC 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 Closure Plan (Please complete Dox 5) - based upon the appropriate requirements of 19.15.17.12 NMAC Previously Approved Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Previously Approved Operating and Maintenance Plan API Number: Previously Approved Operating and Maintenance Plan API Number: Symptotic Plans indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment finere than tree facilities neargabed. Disposal Facility Name: Gandy Marley Disposal Facility Permit Number: Disposal Facility Name: Chatted Recovery Signes						
□ 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. ③ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC ③ Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC ⑤ 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 Design (attach copy of facilities for the disposal of liquids, dritting 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: Gandy Marley Disposal Facility Permit Number: NM 01-0026 OOCCG 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: ⊠ Soil Backfill and Cover Design Bycelifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Sis Backfill and Cover Design Specifications based up	X 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) X P&A					
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Previously Approved Operating and Maintenance Plan API Number: * 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: Gandy Marley Disposal Facility Name: Control-Recovery 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? 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? Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection I 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 Signature: Audition of 20.4/09/2013	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. X Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC X Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC X 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					
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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? X Yes (If yes, please provide the information below) No Required for impacted areas which will not be used for future service and operations: No X Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC X Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC X Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 6. Operator Application Certification: 1 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 Signature: Date: 04/09/2013	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: Gandy Marley Disposal Facility Permit Number: NM 01-0019					
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Operator Application Certification: 1 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 Signature: Just A Date:						

7. <u>OCD Approva</u> l: Permit Application (including closure plan) Closyfe Plan (only)				
OCD Representative Signature: 4-7-2013				
Title:	Approval Date: <u>5-7-2013</u> OCD Permit Number: <u>P1-06159</u>			
^{8.} <u>Closure Report (required within 60 days of closure completion)</u> : 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:				
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> 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				
 Decretor 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: <u>Regulatory Analyst</u>			
Signature:	Date:			
e-mail address: <u>lhunt@celeroenergy.com</u>	Telephone: (432)686-1883			

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Attachment to NMOCD Form C-144 CLEZ, Items number 4 and 5.

<u>Design Plan</u>

Workover fluids will be circulated to and from the well through appropriate piping using steel tanks, pump trucks, water transports, and or vacuum trucks of adequate volume for the operation. No cuttings are expected to be produced during the operation.

Fencing 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

Steel tanks, pump trucks, water transports, and/or vacuum trucks, and related piping will be maintained to contain fluids. 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 trucks. Only fluids used in operations will placed or stored in tanks or trucks.

Closure Plan

Steel tanks, pump trucks, transports, vacuum trucks, and related piping will be properly maintained. Workover fluids will be hauled to Control Recovery during and after rig operations. All service equipment necessary for operations will be removed from the site at the conclusion of operations. The site will be reclaimed and re-vegetated once the well is permanently abandoned.

Site Reclamation

Ocotillo Environmental of Hobbs, New Mexico will reclaim the site. All aboveground equipment in addition to anchors/deadmen will be removed. Soil cover will be the greater of one foot or that which will match the background thickness of topsoil. Soil cover will match the existing grade of the site and will be placed to prevent ponding and erosion of the cover. The area will be re-vegetated using the (*State/BLM*) land mix which is appropriate for the area. The NMOCD will be notified of seeding and when re-vegetation is successful.