HOE3S OCD

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First SL, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 8751 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

JUL 01 Energy Minerals and Natural Resources

Department

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Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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.

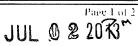
Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-o	f bins and propose to	implement waste removal	for closure)
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Type of action: 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 environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.		
Operator:K. C. Resources, Inc OGRID #:122912		
Address: P. O. Box 6749, Snowmass Village, CO, 81615		
# 2		
API Number:30-025-26562 OCD Permit Number: P 1 - D + 57		
U/L or Qtr/Qtr J Section 25 Township18S Range34E County: Lea		
Center of Proposed Design: Latitude Longitude NAD: \[1927 \[\] 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 XX 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		
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:		
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: Numbe		
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) \(\sum \) 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		
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):James Spillane Title:Chief Financial Officer		
Signature: Date:		
e-mail address:jspillane@crystalriveroil.comTelephone:760-753-3330		



OCD Approval: Permit Application fineluding closure plan) Closure P	lan (only)		
OCD Representative Signature: Water Stown	Approval Date: 7/2/2013		
Title: Compliance Officer	OCD Permit Number: P1-D6457		
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are regulared 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:		
on the standard of the 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	ions:		
Operator Closure Certification: I thereby 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 scomplies with all applicable closure requirements and conditions specified in the approved closure plan.			
Name (Print):	Title:		
Signature:	Date:		
e-malt address;	Telephone:		

YH State #3

Size of tank:

Oil stock tank = 280 barrels

Water tank = 280 barrels

Our Operating and Maintenance Plan will be to walk around daily to inspect leaks.

If we have any leaks, we will contain and notify New Mexico OCD

Closure Plan: To take content to Gandy.