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 JAN 18 2013 Oil Conservation Div 1220 South St. French	Resources For closed-loop systems that only use above ground steel tanks or haul-off bins and propose	
District IV 1220 South St. Franci	to the appropriate NMOCD District Office.	
Santa Fe, NM 8750 KECEIVED	5	
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: 🛛 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: <u>Yates Petroleum Corporation</u> OGRID #:	025575	
Address: 105 South Fourth Street, Artesia, NM 88210		
Facility or well name: BARBEE LL # 1		
API Number OCD Permit Number:	-05621	
U/L or Qtr/Qtr Section 18 Township 14S Range 36E Co	unty: LEA	
Center of Proposed Design: Latitude Longitude		
Surface Owner: 🗋 Federal 🛛 State 🗋 Private 🗋 Tribal Trust or Indian Allotment		
 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		
 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. 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 		
Closure Plan (Please complete Box 3) - based upon the appropriate requirements of Subsection C of 19.13.17.19 NMAC and 19.13.17.13 NMAC Previously Approved Design (attach copy of design) API Number:		
Previously Approved Operating and Maintenance Plan API Number:		
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: <u>GANDY-MARLEY</u> Disposal Facility Name: <u>GANDY-MARLEY</u>	acility Permit Number: <u>NM01-0019</u>	
Disposal Facility Name: Disposal Facility Permit Number	er:	
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> 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 I 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:		
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): Mike Allen Title: Completion Superintendant		
1 a ile all		
Signature: Mul and	Date:1/14/2013	
e-mail address:mikea@yatespetroleum.com	Telephone: (575) 748-4218	
Form C-144 CLEZ Oil Conservation Divisi	on Page 1 of 2	

7. OCD Approval: Permit Application (including closure plan) Closure P OCD Representative Signature: Maley ABrown Title: Compliance Olicer	Approval Date: $1/18/2013$	
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. <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:	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 <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		
 <u>Operator Closure Certification</u>: 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):	Title:	
Signature:	Date:	
e-mail address:	Telephone:	

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