Closed-Loop System Permit or Closure Plan Application           Type of action:: By Permit Closure           Type of action:: By Permit Closure           Interaction: Plane shall are applicable of the many other applicable program system are many for a many ophication report of the many other applicable program spectra from equation of the many other applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Prepres beams of the responsibility to classify the applicable program spectra from Cl44.           Address::         PO Box 5270 Hobbs, NM 83241         Decide Cl 2010 from 2010 from 2010 from 2010 from 1011 from 2010 from 20	District II       Bistrict II       Energy Mineral:         District II       Bill S. First St., Artesia, NM 88210       Energy Mineral:         District III       Oil Conse       Oil Conse         1000 Rio Brazos Road, Aztec, NM 87410       FEB 2 5       2013         District IV       District IV       District IV	f New Mexico s and Natural Resources epartment ervation Division th St. Francis Dr. 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.	
Interactions: Please submit one application (Parm C14 CLE2), pre-informated close 1-loop system request. For our application of sources and the form of the sources of interferences of inhibitity should operations result in pullition of surface spectra of the inhibitity should operations result in pullition of surface spectra of the sequences of an emprove the inhibitity should operations result in pullition of surface spectra of responses the sequences of	<u>Closed-Loop System Permit or Closure Plan Application</u> (that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)			
Operator:      OGRID #:_14744	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			
Address:       PO Box 5270 Hobbs, NM 88241         Pacility or well name:       Red Hills Wes 21 BO Fed Com #1H         API Number:       Sol O2S - 411129         OCD Permit Number:       Intervention         QL or QU(r) r.B.       Section _21       Township _26S       Range_21E:       County:       Lea         Center of Proposed Design:       Latinude       Longitude       NAD:       [] 1927 [] 1983         Sturface Owner:       © Federal       State       Private       Tribut Trust or Indian Allutment         Image:       Subsection H of 19.15.17.11 NMAC       [] P&A       Above Ground Steel Tanks or © Halu-Off Bins         Signa:       Subsection C of 19.15.17.11 NMAC       [] P&A       Above Ground Steel Tanks or © Halu-Off Bins         *       Signa:       Subsection C of 19.15.17.11 NMAC       [] Packadow       [] Packadow         [] P's X2, 72. Teletring, providing Derator's name, site Incation, and emergency telephone numbers       [] Signed in compliance with 19.15.16.8 NMAC       [] Cosed-hoop Systems Permit Application Attachment Checklist:       Subsection C of 19.15.17.9 NMAC         Instructions:       Each of the following tenses must be attached to the appropriate requirements of Subsection C of 19.15.17.3 NMAC       [] Operating and Mantenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.3 NMAC         [] Operating and Mantenance Plan - Abased up		OGRID #: 1474	14	
Facility or well name:       Red Hills Weit 21 BO Fed Com #1H         APP Number:       30 025 - 41 129       OCD Permit Number:       P1-06028         Uit or QtriQtr       Section       21       Township       ZoS         Surface Owner:       Section       21       Township       ZoS         Surface Owner:       Federal       State       Private       Tribul Trust or Indian Allotment         Image:       Surface Owner:       Federal       State       Private				
U/L or Qur/Qtr_BSection _21Township _26SRange_32ECounty: _Lea	Facility or well name: Red Hills West 21 BO Fed Com #1H			
Center of Proposed Design: Latitude				
Surface Owner:       State       Private       Tribal Trust or Indian Allotment         *       Closed-loop System:       Subsection H of 19.15.17.11 NMAC         Operation:       Q Filling 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       P&A       *         [] 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       *       Signet       *         Signs:       Subsection C of 19.15.17.11 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 for the appropriate requirements of 19.15.17.12 NMAC       *       *       *         @ Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       *       *       *       *         @ Previously Approved Design (tatach copy of design)       API Number:       *       *       *       *         *       Yaste Removal Clesure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Oh;: (19.15.17.13 NMAC)       *				
2       Coseed-loop System:       Subsection H of 19.15.17.11 NMAC         Operation:       Ø 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         *       Classed-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 appropriate requirements of 19.15.17.12 NMAC         @ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Of legal and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         @ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC         Previously Approved Design (attack copy of design)       API Number:				
□       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         *       Closed-loop Systems Permit Application Attachment Checklist:       Subsection D 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         □       Closure Plan (Plase complete Dox 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:				
△ 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 Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         ○ Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC         ○ Previously Approved Operating and Maintenance Plan - API Number:         □ Previously Approved Operating and Maintenance Plan - API Number:         ○ Subsection C of 19.15.17.13 NMAC         Disposal Facility Name:       Ra10         Disposal Facility Name:       Ra10         Disposal Facility Name:       Lea Land         Disposal Facility Name:       Lea Land         Operation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Required for ingroted mers which will not be useed for future service and operations? <td></td> <td></td> <td></td>				
Signs: Subsection C of 19.15.17.11 NMAC         Disposed 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.         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 Design (attach copy of design)       API Number:         State 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:       _Lea Land       Disposal Facility Permit Number:       NM-1-035         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:       Bisposal Facility Permit Number:       NM-1-035         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:       Bisposal Facility Permit Number:       NM-1-03	Operation: Drilling a new well D Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A			
□ 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 Subsection C of 19.15.17.9 NMAC and 19.15.17.13 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:         State Removal Closure For Closed-loop Systems That Ufilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Instructions:       Pteoiously Approved Operating and Maintenance Plan       API Number:         □ Disposal Facility Name:	Above Ground Steel Tanks or 🛛 Haul-off Bins			
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 bax, that the documents are attached.         Matched       Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Matched       Closure Plan (Please complete Bax 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:         S       Sustement For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.0 NMAC)         Instructions:       Previously Approved Operating and Maintenance Plan         API Number:	12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers			
	<u>Closed-loop Systems Permit Application Attachment Checklist</u> : 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.			
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:	Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC			
S   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:R360 Disposal Facility Permit Number:NM-010006   Disposal Facility Name:Lea Land Disposal Facility Permit Number:NM-010006   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?   West (If yes, please provide the information below) Monor   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   Mereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.   Name (Print):Jackie Lathan Title:Regulatory   Signature:			_	
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:R360 Disposal Facility Permit Number:NM-010006         Disposal Facility Name:Lea Land Disposal Facility Permit Number:WM-1-035         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         Be-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         Mame (Print):Jackie Lathan Title:Regulatory         Signature:		er:		
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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?         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 <b>6. 6. 6.</b> Signature:         Jackie Lathan         Title:         Regulatory         Date:       02/20/13         e-mail address:       jalatana@mewbourne.com				
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 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):lackie Lathan Title:Regulatory Signature: Date:02/20/13 e-mail address:jlathan@mewbourne.com Telephone:575-393-5905	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?			
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):      Jackie Lathan	<ul> <li>Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC</li> <li>Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC</li> </ul>			
Name (Print):Jackie Lathan       Title:Regulatory         Signature:       Date:02/20/13         e-mail address:jlathan@mewbourne.com       Telephone:575-393-5905	Operator Application Certification:			
Signature: Date: 02/20/13 e-mail address:ilatian@mewbourne.com Telephone:575-393-5905				
e-mail address:jlathan@mewbourne.com Telephone:575-393-5905				
	1 VI •			

OCD Approval:  Permit Application (including closure plan)  Closure Plan (only)		
OCD Representative Signature:	Approval Date: 04/23/13	
Title: Petroleum Engineer	Approval Date: <u>04/23/13</u> OCD Permit Number: <u>P106088</u>	
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	e and operations:	
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.         Name (Print):       Title:		
Signature:	Date:	
e-mail address:	Telephone:	

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- 1. The operator will maintain all liquids and solids within the closed loop system. To prevent the contamination of fresh water and protect public health & environment. Rig personnel will inspect system each tour & report any leaks or spills as required. Leaks in system will be properly fixed immediately.
- 2. Solids and contaminated fluid will be hauled to the approved facility as required.



