Dataset 203 Merch Dr., Lohan, NM 8210 State of New Mexico Department Francy Winnersh and Natinal Resources Department Francy Winnersh and Natinal Resources Department Francy Winnersh and Natinal Resources Department France State S			
BITS First, Anders, NM 8210 DEpartment Department BITS First, Anders, NM 8210 D1 Conservation Division D2013 Databased, Strain, NM 8410 D2 2013 D1 Conservation Division Databased, Strain, NM 8410 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, Fe, NM 7205 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, Fe, NM 87505 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, Fe, NM 87505 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, Fe, NM 87505 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, Fe, NM 87505 Strain Fe, NM 87505 Strain Fe, NM 87505 Databased, Strain, S	1625 N. French Dr., Hobbs, NM 88240 DBS OCD	Energy Minerals and Natural Resources	
1285 N. Franck Dr., Sama Pe, NM 9730 Sama Pe, NM 87505 Sama Pe, NM 87505 Closed-Loop System Permit or Closure Plan Application (that only use adors grown dised tanks or hand of this and propage in implement wate removed for elever, plane submit on explosition of the there is the optimit of the optime is the optimit of the optime is the optis the optis the optime is the optime is the optis the	811 S. First St., Artesia, NM 88210	Oil Conservation Division	ground steel tanks or haul-off bins and propose
Closed-Loop System Permit or Closure Plan Application (the only use above ground steel tanks or haul-off this and propose to implement wester removal for closure) Type of action: Permit SC Closure Instruction: Here subult an application (From CH4 CLE2) per tolevident closes/bay grown regrest. For any application square, tasks atom that for a for a closure provide relieve the operator of liability baol governmentel autoritys note, regulated stark (From Stark Closure) Tester be divide that approval of close to constart of liability baol governmentel autoritys note, regulations or ordinances. Operator: Close Dency ULP OGRID #_247128 Address: 400 W. Illinois, Ste. 1601 Midland, TX 79701 Facility or well name: Rock Queen Unit #19 Address: Pl Number: 2005:00820 OCD Pernit Number: P1927 [] 1923 Address: Address: Alog Willin of 1915:17.11 NMAC NaD: [] 1927 [] 1923 Classic-Loon System: State Close Note: Train or Illing (Applies to activities which require prior approval of a permit or nodice of Intent) P&A Markee Counce Classic-Loon System: State Close System: State Close System: State Close System: Pachent System: Pachent System: Pachent System: Pachent System: Pachent Syste	1220 S. St. Francis Dr., Santa Fe, NM 87505		to the appropriate NMOCD District Office.
(that only use above ground steel ranks or houl-off this and propose to implement waste removal for closel-Particle and the steel-Partial \$\[Closel-Partial \$\]Closel-Partial \$\]Closel-Par			
Type of action: Permit I Closure Instructions: Please submit one application (Form C144 CLE2) per individual closed-loop system request. For any application request ofter than, for a closed-loop system it and jue as about a firm of the approximation in the application of suffex expands and its main off the submit and jue as about a firm of the approximation is an individual and propose to hughendee water consult for closure, please submit a Form C144. Vesse be advised that approval of this request dees not relieve the operator of lishily should operations result in pollution of suffex events; ground water or the minimum. Normanization of the approval of the sequent of the sequent of lishily should operations result in pollution of suffex events; ground water or the minimum. Permits: Cleare Energy II, LP Address: 400 W, Illinois, Site. 1601 Midland, TX 79701 Facility or well name: Rock Queen Upit #19 PI Number: 2005-00820 Varifice Owner: General Essign: Lindiud Issue of the sequent of the sequence of the			
Instructure: Places submit are application of ream C.147.CE20 per Individual closed-loop system reguest. For any application ergent after them for a directed bia system is and on the other and proves to injustem results. For any application present and the form C.14. Place be advised that approval of this request does not relieve the operator of linking big to comply with any other applicable governmental authority's rules, regulations or ordinances. Demotor: Celero Energy II, LP OGRID #:	(that only use above ground ste		nent waste removal for closure)
<pre>clase1-does system fluit only nee above product steel fanks or hand-off bins and propose to implement water removal for General plates about it & Form C144. Yease be adviced that approval of his request does on reliability hold operations result in plations of surface water, general authority's rules, regulations or ordinances. Interview of the responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Interview of the responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Interview of the responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Interview of the response of the r</pre>		· · · · · · · · · · · · · · · · · · ·	
Please be advised that approval of this request does not relieve the operator of liability working operators received in pollution of surface water, ground water or the movement. Nor does approval relieve the operators of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. 1 Operator: Celefic Energy II, LP OGRID #:247128 Address: 400 W. Illinois, Ste. 1001 Midland, TX 79701	Instructions: Please submit one application (Form	C-144 CLEZ) per individual closed-loop system reques	st. For any application request other than for a
Operator: Celero Energy II, LP OGRID #: 247128 Address: 400 W. Illinois, Ste. 1601 Midland, TX 79701 Facility or well name: Rock Queen Unit #19 Facility or well name: Rock Queen Unit #19 NAD: Facility or well name: Section 23 Township J3S Range 31E County: Chayes Center of Proposed Design: Langitude NAD: [] 927 [] 1983 Surface Owner: Federal Ø State Private] Tribal Trust or Indian Allotment Z Cased-toop System: Subsection II of 19.15.17.11 NMAC Operation: Definition and well Ø Wockover or Duiling (Applies to activities which require prior approval of a permit or notice of intent) P&A Signed in compliance with 19.15.16.8 NMAC	Please be advised that approval of this request does not r	relieve the operator of liability should operations result	in pollution of surface water, ground water or the
Facility or well name: Rock Queen Unit #19 API Number: 32-005-00820 OCD Permit Number: P1-05944 U/L or QurQir		OGRID #:	247128
Facility or well name: Rock Queen Unit #19 API Number: 32-005-00820 OCD Permit Number: P1-05944 U/L or QurQir	Address: 400 W. Illinois, Ste. 1601 Midland, T	X 79701	
AP1 Number: <u>91-05944</u> UL or QurQtr J Section 23 Township <u>13S</u> Range <u>31E</u> County: Chaves Center of Proposed Design: Latitude NAD: [1927] 1983 Surface Owner: P Federal State Private Tribal Trust or Indian Allotment * Cleased-loop System: Subsection H of 19.15.17.11 NMAC Operation: Dorilling a new well W Okrover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A @ Above Ground Steet Tanks orHAU-Off Bins * * Signal: Subsection C of 19.15.17.11 NMAC [] 21"x 24", 2" Intering, providing Operator's name, sile location, and emergency telephone numbers Signal: [] Signal: Subsection C of 19.15.17.11 NMAC * [] 21"x 24", 2" Intering, providing Operator's name, sile location, and emergency telephone numbers * [] Dignal in compliance with 19.15.16.8 NMAC * * Clease Plan (Plast following items must be attached to the appropriate requirements of 19.15.17.9 NMAC * Instructions: Eat of the following items must be attached to the appropriate requirements of S1.17.12 NMAC * Desering Plant Application Attrachment CheckH			·.
U/L or QuriQir J Section 23 Township 13S Range 31E County: Chaves Center of Proposed Design: Latitude		OCD Permit Number: P1-0	5944
Center of Proposed Design: Latitude Longitude NAD: [] 1927 [] 1983 Surface Owner: [] Federat [S] State [] Private [] Tribal Trust or Indian Allotment	LI/L or Otr/Otr I Section 23	Township 13S Pange 31F	Country Chaves
Surface Owner: Federal State Private Tribal Trust or Indian Allotment * Closed-land State Private Private Private Sufface Owner: Defining a new well State 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	Canton of Desnared Desires, Latitude	Kange <u>515</u>	
Liesed-leep 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 energency telephone numbers Signed in compliance with 19.15.16.8 NMAC Cosed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following letens 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 19.15.17.13 NMAC Design and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Design and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC and 19.15.17.13 NMAC are Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC are Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC and 19.15.17.13 NMAC are Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC and 19.15.17.13 NMAC are closure Plan Closure For Closed-loop System That Utilize Above Ground Steel Tanks or Hau-boff Bins Only: (19.15.17.13 NMAC) Instructors: Please Indentify the facility or facilities for the disposal of liquids, drilling fluids and drift cuttings. Use attachment if more than two Jacobased Facility Name:			NAD: []1927 [] 1983
∑ 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 B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a cleak mark in the box, that the documents are attached. □ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC □ □ Design Plan - based upon the appropriate requirements of 50.15.17.12 NMAC and 19.15.17.13 NMAC instructions: Plane Indicatify the facility or facilities for the disposal of Huutber: Subsection Set Facility Name:	Surface Owner: Sederal X State Private	Tribal Trust or Indian Allotment	
Operation: Drilling a new well W 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 Signet in compliance with 19.15.16.8 NMAC 4 Geed-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 19.15.17.11 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 Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Bisposal Facility Name: Disposal Facility or facilities for the disposal of Ilquids, drilling fluids and drill cuttings. Use attachent if more than two facilities are required. Disposal Facility Name: Disposal Facility Name: Disposal Facility Name: Disposal Facility Name: </td <td></td> <td></td> <td></td>			
Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins A Above Ground Steel Tanks or Haul-off Bins Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Previously Approved Operating and Maintenance Plan API Number: Disposal Facility Approved Operating and Maintenance Plan API Number: Disposal Facility Prevint Haul-off Bins Only: (19.15.17.13.D MACC) Thistructions: Please Indentify the 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: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number: Disposal Facility Permit Number: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number:			_
Signs: Subsection C of 19.15.17.11 NMAC Signs: Subsection C of 19.15.17.11 NMAC I2"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 9.15.17.12 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 Deperating and Maintenance Plan API Number: Signeal facility or facilities for the disposal of liquids, drilling flaids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: Disposal Facility Permit Number: 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? Requitred for impacted ar	-		oproval of a permit or notice of intent) 🔲 P&A
¹ 2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers ¹ Signed in compliance with 19.15.16.8 NMAC ¹ 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: Signeal required. Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number: Disposal Facility Name: Disposal Facility Permit Number: Disposal Facility Permit Number: Disposal Facility Permit Number:	X Above Ground Steel Tanks or Haul-off Bins		· · ·
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. 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: Swate Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.0 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 Name: Disposal Facility Permit Number: Signal are composite 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 I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Coperation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 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 19.15.17.12 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:	12"x 24", 2" lettering, providing Operator's nam	ne, site location, and emergency telephone numbers	
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.	Signed in compliance with 19.15.16.8 NMAC		• • •
Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.19 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number:	Instructions: Each of the following items must be attached. Design Plan - based upon the appropriate requ	attached to the application. Please indicate, by a c uirements of 19.15.17.11 NMAC	heck mark in the box, that the documents are
Previously Approved Operating and Maintenance Plan API Number: 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: 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? P 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 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 d Title: Regulatory Analyst Signature: Diso/07/2013 e-mail address: hunt@celeroenerry.com	Closure Plan (Please complete Box 5) - based	l upon the appropriate requirements of Subsection C	C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
\$ 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: 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? Wes (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 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Gorerator 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. Title: Regulatory Analyst Signature: Juak Date: 05/07/2013 Date: 05/07/2013 e-mail address: lhunt@celeroenerry.com Telephone: (432)686-1883 Date: 05/07/2013			
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:		ce Plan API Number:	
Disposal Facility Name:	Waste Removal Closure For Closed-loop Systems Instructions: Please Indentify the facility or facilit	s That Utilize Above Ground Steel Tanks or Hau ties for the disposal of liquids, drilling fluids and dr	<u>l-off Bins Only</u> : (19.15.17.13.D NMAC) ill cuttings. Use attachment if more than two
Disposal Facility Name:	Disposal Facility Name:	Disposal Facility Per	mit 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) 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 Image: Application Certification: Image: Intervention of the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Lisa Hunt Image: Application Certification: Signature: Date: O5/07/2013 e-mail address: Image: (432)686-1883			
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 C 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 G Signature: Date: 05/07/2013 Cermail address: hhunt@celeroenergy.com			at will not be used for future service and operations?
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 Ø Title: Regulatory Analyst Signature: Jua Print Date: 05/07/2013 Telephone: (432)686-1883	Soil Backfill and Cover Design Specification Re-vegetation Plan - based upon the appropriation	s based upon the appropriate requirements of Sub ate requirements of Subsection I of 19.15.17.13 NM	AC
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: Jua Hunt Date: 05/07/2013 e-mail address: Ihunt@celeroenergy.com	6.		
Signature: <u>Juia Hunt</u> Date: <u>05/07/2013</u> e-mail address: lhunt@celeroenergy.com Telephone: (432)686-1883		this application is true, accurate and complete to the	e best of my knowledge and belief.
Signature: <u>Juia Hunt</u> Date: <u>05/07/2013</u> e-mail address: lhunt@celeroenergy.com Telephone: (432)686-1883	Name (Print): Lisa Hunt	d Title: Regula	tory Analyst
e-mail address: <u>hhunt@celeroenergy.com</u> Form C-144 CLEZ Oil Conservation Division			
Form C-144 CLEZ Oil Conservation Division	e-mail address: hunt@celeroenergy.com	Telephone (4	32)686-1883
2" MAY 20 "1113"		Ojl Conservation Division	: Pagest of 2
		2m	MAY 20 THIS

1

• • • • • • • • •

.

	•			
7. <u>OCD Approval:</u> Permit Application (including closure plan) Cosure P	lan (only)			
OCD Representative Signature:		Approval Date:	5-9-0	013
Title:	OCD Permit Numb	er:		
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior a The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl	to implementing any cl he completion of the c osure activities have b	losure activities and si closure activities. Plea	se do not complet	ure report. e this
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Pleuse indentify the facility or facilities for where the liquids, drift				
<i>two facilities were utilized.</i> Disposal Facility Name: <u>Gandy Marley</u>	Disposal Facility Pe	rmit Number: <u>NM 0</u>	1-0019	
Disposal Facility Name: Control Recovery		rmit Number: NM 0		
Were the closed-loop system operations and associated activities performed on on Yes (If yes, please demonstrate compliance to the items below) X No	• •			?
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:			
10,				
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requirem				ge and
I hereby certify that the information and attachments submitted with this closure i		becified in the approve		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requirements of the closure complex with all applicable closure requirements.	nents and conditions sp	pecified in the approved ory Analyst		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requirem Name (Print): Lisa Hunt	nents and conditions sp Title: <u>Regulate</u>	pecified in the approved ory Analyst /07/2013		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature:	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u>	pecified in the approved ory Analyst /07/2013		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature:	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u>	pecified in the approved ory Analyst /07/2013		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature:	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883		ge and
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requiren Name (Print): Lisa Hunt Signature: Lisa Hunt c-mail address: lhunt@celeroenergy.com	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requiren Name (Print): Lisa Hunt Signature: Lisa Hunt c-mail address: lhunt@celeroenergy.com	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure in belief. I also certify that the closure complies with all applicable closure requiren Name (Print): Lisa Hunt Signature: Lisa Hunt c-mail address: lhunt@celeroenergy.com	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure requiren Name (Print): Lisa Hunt Signature: Lisa Hunt c-mail address: lhunt@celeroenergy.com	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature: Lisa Hunt e-mail address: lhunt@celeroenergy.com	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature: Aua Autter complexity and the closure required to the closure re	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> , Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	
I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure required Name (Print): Lisa Hunt Signature: Aua Autter complexity and the closure required to the closure re	nents and conditions sp Title: <u>Regulate</u> Date: <u>05</u> Telephone: <u>(4</u>	pecified in the approve ory Analyst /07/2013 132)686-1883	d closure plan.	

· · · ;