District 1	State of New Mexico	Form C-144 CLEZ	
1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210	y Minerals and Natural Resources	Revised August 1, 2011	
811 S. First SI., Anesia, NM 88210	Department	For closed-loop systems that only use above	
1000 Rio Brazos Road, Aztec, NM 874 [0] N [] [] 7 [] 5	Oil Conservation Division	ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Francis Dr.	to the appropriate NMOCD District Office.	
	Santa Fe, NM 87505		
Closed-Loop System Permit or Closure Plan Application			
(that only use above ground steel tanks or haul-off bips and propose to implement waste removal for closure)			
	e of action: 🛛 Permit 🗌 Closure	. F	
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.			
1.		υματικα τη ματική τη Για τα πραγματική τη ματική τη μ	
Operator: LINN Operating, Inc.	OGRID #: <u>269</u>	9324	
Address: 600 Travis Street, Suite 5100 Houston, Texas 770	<u>02</u>		
Facility or well name: Phillips Lea #004	0		
API Number: <u>30-025-02156</u> OCD Permit Number:	P1-06340		
U/L or Qtr/Qtr M Section 31 Township 17S Range 34E County: Lea			
Center of Proposed Design: Latitude <u>32.7848876953645</u> Longitude <u>-103.606964607584</u> NAD: 1927 [] 1983			
Surface Owner: Federal State Private Tribal Trust or Indian Allotment			
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2			
Closed-loop System: Subsection H of 19.15.17.11 NM			
Operation: Drilling a new well 🕅 Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)			
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 19.15.3.103 NMAC	ation, and emergency relephone namoers		
Closed-loop Systems Permit Application Attachment Che			
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			
Waste Removal Closure For Closed-loop Systems That U		off Bins Only: (19151713 D NMAC)	
Instructions: Please indentify the facility or facilities for th	e disposal of liquids, drilling fluids and dri	Il cuttings. Use attachment if more than two	
facilities are required.		· · · · · · · · · · · · · · · · · · ·	
Disposal Facility Name: <u>CR1 (Control Recovery Inc.)</u>	• •		
Disposal Facility Name: <u>Gandy-Marley Disposal</u>	Disposal Facility Permit Nun		
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	e service and operations: Lunon the appropriate requirements of Subs	action H of 10 15 17 13 NMAC	
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 rec	uirements of Subsection G of 19.15.17.13 N	IMAC	
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): Pary B. Callahan	Title: Regulatory Speci	alist III	
Signatur Sullakan	Date:	4/2/2013	
e-mail address: TCallahan@linnenergy.com	Telephone: <u>281-840-4272</u>		
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		JUN 1 2 2013	

7. <u>OCD Approval</u> : \boxtimes Permit Application (including closure plan) $\boxtimes \mathcal{F}$ losure Plan (only)			
OCD Representative Signature Approval Date -11- CO 3			
Title: DIST. MAZ	Approval Date 6-11-2013 OCD Permit Number: <u>P1-06340</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. <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: <u>LEA LAND, LLC</u> Disposal Facility Permit Number: <u>SWM131401</u>			
	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 it Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and See			
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:		
in the second			

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LINN OPERATING, INC.

PHILLIPS LEA #004

UNIT M, SEC 31, T-17-S, R-34-E

LEA COUNTY, NM

AP1#: 30-025-02156

Item #4 Form C-144 CLEZ Attachment

Equipment & Design:

LINN Operating, Inc. will use a closed loop system in the workover of this well. The following equipment will be on location:

(1) 500 bbl steel tank

Operations & Maintenance

During each day of operation, the rig's crew will inspect and closely monitor the fluids contained within the steel tank and visually monitor any release that may occur. Should a release, spill or leak occur, the NMOCD District 1 office Hobbs (575-393-6161) will be notified, as required in the NMOCD's rule 19.15.29.8.

<u>Closure</u>

After workover, fluids and solids will be hauled and disposed at CRI's (Control Recovery Inc.) location, permit number NM 01-0019. Secondary site will be Gandy-Marley Disposal, permit number NM 01-0006.