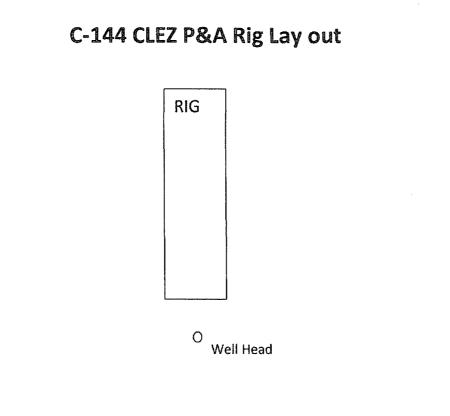
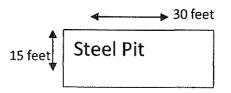
| District IState of New Mexico1625 N. French Dr., Hobbs, NM 88240Energy Minerals and Natural ResourcesDistrict II1301 W. Grand Avenue, Artesia, NM 88210 | Form C-144 CLEZ July 21, 2008 For closed-loop systems that only use above |
|---|--|
| District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 Conservation Division AUG 1 5 2013 220 South St. Francis Dr. Santa Fe, NM 87505 | ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office. |
| <u>Closed-Loop System Permit or Closure Plan</u> (that only use above ground steel tanks or haul-off bins and propose to implem Type of action: Permit Closure | Application and Only 2013 |
| (that only use above ground steel tanks or haul-off hins and propose to implen | Application Record |
| Type of action: X Permit Closure | Acceptor |
| Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste | i. For any application request other than for a |
| Please be advised that approval of this request does not relieve the operator of liability should operations result in environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable go | |
| Operator: OGRID #: OGRID #: | 33 |
| Address: 15 Smith Road Midland, TX 79705 | |
| Facility or well name WLU#83 | 1 |
| API Number: 30-025-31529 OCD Permit Number: | |
| U/L or Qtr/Qtr I Section Township 17-S Range 36 | E County: Dea |
| 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 D Workover or Drilling (Applies to activities which require prior ap | proval 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 19.15.3.103 NMAC | |
| 4. <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 ch 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 | |
| Previously Approved Design (attach copy of design) API Number: | _ |
| Previously Approved Operating and Maintenance Plan API Number: | - |
| ^{5.} <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul</u> Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and dri facilities are required. | |
| Disposal Facility Name: SUNDANCEINC Disposal Facility Permit Numb | er: <u>NM-01-003</u> |
| Disposal Facility Name: R360 Disposal Facility Per | rmit Number:NM-01-0006 |
| Will any of the proposed closed-loop system operations and associated activities occur on or in areas tha Yes (If yes, please provide the information below) No | t will not be used for future service and operations? |
| 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 Subscription 1 of 19.15.17.13 NMA Re-vegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMA Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMA | AC |
| 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):Robert Holden Title:AGE | |
| | 08/14/2013 |
| e-mail address:rholden@keyenergy.com | Telephone:(432) 523-5155 |
| Form C-144 CLEZ Oil Conservation Division | AUG 1 5 2013 |
| | AUG 1 0 2013 |

| 7. OCD Approval: Permit Application (including closure plan) Closure Plan (only) | | | | | | |
|--|--|--|--|--|--|--|
| OCD Representative Signature: | App 24 Date: 8-15 | | | | | |
| Title: | an (only) Appendix for Record Only OCD Permit Number: | | | | | |
| 8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of to section of the form until an approved closure plan has been obtained and the cl | o implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this | | | | | |
| | Closure Completion Date: | | | | | |
| 9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, dril</i> <i>two facilities were utilized.</i> | | | | | | |
| 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 operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique | ons: | | | | | |
| 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: | | | | | | |
| e-mail address: | Telephone: | | | | | |

WLU #83





| Wellname: | WL | U # 83 | Permit # : | | | Rig Mobe Date: | | | | |
|-----------------|------|---------|--|---|--------------|------------------|--|----------|----------|--|
| County: | Le | a Co. | | | | Rig Demobe Date: | | | | |
| Inspection Date | Time | By Whom | Any drips or leaks from steel tanks, lines not contained? * Explain | | nks, lines o | or pumps | Has any hazardous waste beer disposed of in system? | | | |
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All circulating systems to be inspected DAILY during drilling operations. *Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

New Mexico Daily Circulating System Inspection - Closed loop