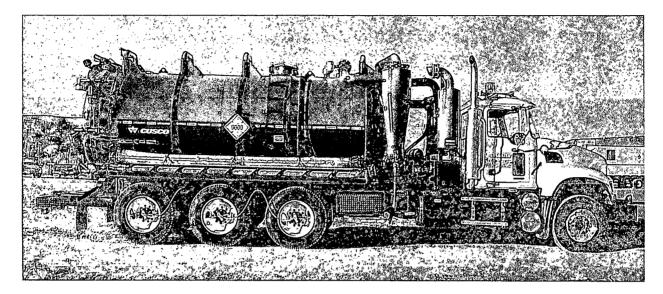
District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-144 CLEZ July 21, 2008 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.	
Closed-Loop System Permit or Closure Plan Application (that only use above ground steel tanks or haul-off bins and propose to implement wastreen in the properties of the put has and propose to implement wastreen in the properties of the put has the properties of the put has a properties of the put has the put has the properties of the put has the put has the put has the properties of the put has the put has the put has the properties of the put has the put has the properties of the put has the			
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system Form C-144. Please be advised that approval of this request does not relieve the operator of liability or more environment. Nor does approval relieve the operator of its responsibility to com* FOCD per submitted that Closed Loop System and new contents Intercents Inter			
I. Operator: John H. Hendrix Corporation Address: P. O. Box 3040, Midland, T	PER to bot to the required to bot to the closer required to report this statement of and to report this statement of and to report this statement of and to report this statement of a statement of the required disposal we plan to use disposal we plan to use disposal to the required disposal OCLt Number: Township T22S Range R38E	HOBBS OCD	
Facility or well name:Amodo State S #1	we pre requ	SEP 0 6 2013	
API Number:30-025-12189	OCLt Number: TownshipT22SRangeR38E	RECORD UNEG 9-9-03	
Center of Proposed Design: Latitude	Longitude	NAD: 1927 1983	
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 OR VACUUM TRUCK 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. 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 Previously Approved Operating and Mainten	design) API Number:	····	
5. <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (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:Sundance Ser Disposal Facility Name:		rmit Number:NM-01-0003	
	ations and associated activities occur on or in areas that	rmit Number:	
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): Carolyn Doran Haynes Title: Engineer			
Signature audpr Don loa	Date: Date: Telep	09/05/13	
e-mail address:cdoranhaynes@jhhc.org	Telep	ohone:432-684-6631	
		SEP 09 2013	

<u>OCD Approval</u>: Permit Application (including closure plan)	Closure Plan (only)	
OCD Representative Signature:	Approval Date: ORD ONL	
Title:	Approval Date: ORD ONLY FOR RECORD ONLY OCD Permit Number:	
8. <u>Closure Report (required within 60 days of closure completion)</u> : S <i>Instructions: Operators are required to obtain an approved closure place</i>	ubsection K of 19.15.17.13 NMAC lan prior to implementing any closure activities and submitting the closure report. days of the completion of the closure activities. Please do not complete this	
	Closure Completion Date:	
9. Closure Report Regarding Waste Removal Closure For Closed-loop	o Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: quids, drilling fluids and drill cuttings were disposed. Use attachment if more than	
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		
10. Operator Closure Certification:		
I hereby certify that the information and attachments submitted with the belief. I also certify that the closure complies with all applicable closur	s closure report is true, accurate and complete to the best of my knowledge and e requirements and conditions specified in the approved closure plan.	
Name (Print):	Title:	
Signature:	Date:	
e-mail address:	Telephone:	



- 1. The above is a picture of the type of vacuum truck to be used during workover operations instead of a steel tank.
- 2. A steel flow line will be laid from the wellhead to the steel tank (or vacuum truck).
- 3. Fluids from the wellbore will be circulated from the wellbore to the steel tank (or vacuum truck) to spot acid.
- 4. Flow of water, oil or gas by natural flow, swabbing, etc. will be directly to the steel tank (or vacuum truck) for testing purposes.
- 5. If a reportable spill should occur, it will be reported to the NMOCD and the land owner and remediated as to NMOCD guidelines.
- 6. Water, spent acid water, and produced water will be hauled by vacuum truck to Sundance Services (Permit No. NM -01-0003) for disposal. No solids are anticipated.
- 7. Any oil from the steel tank (or vacuum truck) will be skimmed off and transferred to the tank battery by the vacuum truck.

