HOBBS OCD District 1 1625 N. French Dr., Hobbs, NM 88240

Energy Minerals and Natural Resources

OCT 1 5 2013

Department

Form C-144 CLEZ Revised August 1, 2011

District II 811 S. First St., Artesia, NM 88210 District III

Oil Conservation Division

For closed-loop systems that only use above ground steel tanks or haul-off bin to implement waste removal pose ʻəmit. to the appropriate NM

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Closed-Loop System Permit or Closure Plan (that only use above ground steel tanks or haul-off bins and propose Type of action: Per Instructions: Please submit one application (Form C-144 CLEZ) per individual close, closed-loop system that only use above ground steel tanks or haul-off bins and propose. Please be advised that approval of this request does not relieve the operator of liability should environment. Nor does approval relieve the operator of its responsibility to comply with any of the required disposal. Line Type of action: Per Per Per Per OCD RULE 19.15.17, Form operator of system in proceed-Loop system that object the period to be submitted but the closed-but the period to be submitted but the period but the period to be submitted but the period but the perio				
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environment. Nor does approval relieve the operator of its responsibility to comply with any o to the real authority's rules, regulations or ordinances.				
Operator: VANGUARD PERMIAN LLC UGRID#: 227588 258350				
Address: 2626 JBS PARKWAY STE 205B				
Facility or well name: HUGH CORRIGAN # 1/45				
API Number: 30-025-06968 OCD Permit Number: FOR #16-16-				
U/L or Qtr/Qtr 1 Section 33 Township 215 Range 37E County: LEA				
Center of Proposed Design: Latitude Longitude NAD: 1927 1983				
Surface Owner: Federal 💆 State Trivate Tribal Trust or Indian Allotment				
2.				
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)				
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 19.15.16.8 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 19.15.17.11 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:				
5. 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: SUNDANCE SERVICES Disposal Facility Permit Number: NM - 01 - 003				

Disposal Facility Name: CONTROLLED RECOVERY, INC. Disposal Facility Permit Number: NM-01-006 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) **A** 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

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.

Title: AGENT Name (Print): Date: 10-10-13

e-mail address: Sunsetwell Service e 4AHOD. Com Telephone: 432-561-8600

HUGH CORRIGAN#1 PG	20F3		
7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:	Approval Date:		
Title:	OCD Permit Number: OR RECORD ONLY EG 10-16-16/3		
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. Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dr two facilities were utilized.	ns That Utilize Above Ground Steel Tanks or Haul-off Bins Only: rilling fluids and drill cuttings were disposed. Use attachment if more than		
Disposal Facility Name:	Disposal Facility Permit Number:		
Disposal Facility Name:			
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			
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):			
Signature:	Date:		
e-mail address:	Telephone:		

Vanguard Permian, LLC
Hugh Corrigan
Unit 1, Sec. 33, T 21S, R 37E
Lea County, NM
API No. 30-025-06968

Equipment & Design:

Vanguard Permian, LLC is to use a closed loop system in the plug & abandonment of the subject well. The following equipment will be on location during the plugging operation:

(1) 250 barrel frac tank

Operations & Maintenance:

The rig crew will inspect and monitor the fluid contained in the steel tank every hour the tank is in service. The crew will visually monitor the tank to assure that no fluid is spilled. Should a spill occur the NMOCD District 1 Office in Hobbs (575-393-6161) will be notified as required by NMOCD rule 19.15.29.8

Closure:

After abandonment operations are completed fluids contained by the frac tank will hauled and disposed of at one of the following sites:

Sundance disposal (NM-01-0003) Controlled Recovery, Inc. (NM-01-0006)