District I	State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division	Form C-144 CLE
1625 N. French Dr., Hobbs, NM 88240 District II	* Energy Minerals and Natural Resources	July 21, 200
1301 W. Grand Avenue, Artesia, NM 881101	Oil Conservation Division	For closed-loop systems that only use above ground steel tanks or haul-off bins and propose
1000 Rio Brazos Road, Aztec, NM 87410 District IV	1220 South St. Francis Dr.	to implement waste removal for closure, submit to the appropriate NMOCD District Office.
District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	to the appropriate NMOCD District Office.
Closed-Lo	op System Permit or Closure Plan	Application
	teel tanks or haul-off bins and propose to implei	
	Type of action: $\Box$ Permit $\overline{X}$ Closure	
Instructions: Please submit one application (Form	C-144 CLEZ) per individual closed-loop system reques	st. 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	e removal for closure, please submit a Form C-144.
ease be advised that approval of this request does not vironment. Nor does approval relieve the operator of	relieve the operator of liability should operations result i fits responsibility to comply with any other applicable ge	in pollution of surface water, ground water or the overnmental authority's rules, regulations or ordinance:
Operator: Mewbourne Oil Company	OGRID #:_14	1744
acility or well name: Mad Dog 35 BO State Com	#1H	
API Number:30-025-40981	OCD Permit Number:P1-05731	· · · · · · · · · · · · · · · · · · ·
	Township 23S Range 34E	
Center of Proposed Design: Latitude	Longitude	NAD: 🗍 1927 🗍 1983
Surface Owner: 🔲 Federal 🔀 State 🗌 Private		
· · · · · · · · · · · · · · · · · · ·		
Closed-loop System: Subsection H of 19.15.1	7.11 NMAC	
		pproval of a permit or notice of intent)
Operation: 🕅 Drilling a new well 🗌 Workover or		
Above Ground Steel Tanks or X Haul-off Bins		
Above Ground Steel Tanks or X Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC	S	
Above Ground Steel Tanks or X Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name		· · · · · · · · · · · · · · · · · · ·
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Signed in compliance with 19.15.3.103 NMAC         Closed-loop Systems Permit Application Attached         Instructions: Each of the following items must be intached.         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         X       Design Plan - based upon the appropriate requised         Y       Previously Approved Design (attach copy of design (attach copy of design (attach copy of design for the provide the facility or facility for facilities are required.         Waste Removal Closure For Closed-loop System       Maintename         Master Removal Closure For Closed-loop System       Maintename         Master Removal Facility Name:	s         men, site location, and emergency telephone numbers         ment Checklist:       Subsection B of 19.15.17.9 NMAC         e attached to the application. Please indicate, by a construction         uirements of 19.15.17.11 NMAC         n the appropriate requirements of 19.15.17.12 NMAC         In the appropriate requirements of Subsection C         esign)       API Number:         ince Plan       API Number:         intics for the disposal of liquids, drilling fluids and dr         intics for the disposal of liquids, drilling fluids and dr         Disposal Facility Permit         Disposal Facility Permit Numb         tions and associated activities occur on or in areas that         elow)       No         d for future service and operations:         ns based upon the appropriate requirements of Subsistion I of 19.15.17.13 NM, opriate requirements of Subsection I of 19.15.17.13 NM, opriate requirements of Subsection G of 19.15.17.13         h this application is true, accurate and complete to the	C heck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  Loff Bins Only: (19.15.17.13.D NMAC)  ill cuttings. Use attachment if more than two Number:

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:	Approval Date:		
Title:	OCD Permit Number:		
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. X Closure Completion Date:05/08/14			
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:R360	Disposal Facility Permit Number:NM-010006		
Disposal Facility Name:Lea Land			
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) X 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			
<ul> <li><u>Operator Closure Certification</u>:</li> <li>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.</li> </ul>			
Name (Print): Jackie Lathan	Title:Hobbs Regulatory		
Signature: Jackie Lathan	Date:05/12/14		
e-mail address:_jlathan@mewbourne.com	Telephone: _575-393-5905		

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