25 N Trench 27, Helsh MN 8210 Provide and Anter Note: A method and an analysis of the second and a method and a method. The second and a method and a method and a method and a method method and a m	as OCD			
2015 St. Fracis Dr., Sama Fc., NM 87305 Closed-Loop System Permit or Closure Plan Application (that only use above ground steel takes on hubble of bios and propose to induce and the analytic and propose to induce and proprose to induce and propose to induce and pr	State of Name Monitor HOBBS			
2015 St. Fracis Dr., Sama Fc., NM 87305 Closed-Loop System Permit or Closure Plan Application (that only use above ground steel takes on hubble of bios and propose to induce and the analytic and propose to induce and proprose to induce and propose to induce and pr	District I 1625 N. French Dr., Hobbs, NM 88240			
2015 St. Fracis Dr., Sama Fc., NM 87305 Closed-Loop System Permit or Closure Plan Application (that only use above ground steel takes on hubble of bios and propose to induce and the analytic and propose to induce and proprose to induce and propose to induce and pr	District II 811 S. First St., Artesia, NM 88210 Department			
2015 St. Fracis Dr., Sama Fc., NM 87305 Closed-Loop System Permit or Closure Plan Application (that only use above ground steel takes on hubble of bios and propose to induce and the analytic and propose to induce and proprose to induce and propose to induce and pr	District III 1000 Bio Brazos Road Azter, NM 87410 D ⁻² Oil Conservation Division Oil Conservation Division			
Sundaria to, Net 00.000 Closure Plan Application (Hot only use above ground steel tanks or haud-off bins and propage to implement waste removal for closure) Type of action: Permit Account of the closure Plan Application (Hot only use above ground steel tanks or haud-off bins and propage to implement waste removal for closure) there do not support of this request of the closure Plan Application (Form CH4C CEE) set advised that application (Form CH4C CEE) closure there do not support of this request of the closure Plan Application request attee than for a laced-tong system that any use above ground steel tanks or haud-off bins and propage to implement waste removal for closure, provide the application (Form CH4C CEE) set advised that application (Form CH4C CEE) closure provide the application (Form CH4C CEE) closure provide the application request attee the operator of initive form any opplication request attee the form formates. Closure provide the application of the application of the capacity of the application application request attee the operator of the require of the application of the applicati				
(that only use above grained stell larks or hali-off thiss and propage to implement water removal for closure) Type of action:] Permit Closure instructions: Plense water in the closure of the	Santa Fe, NM 87505			
Type of action:] Permit Closure instructions: Prior CH4 (EE) prior individual closed-log system request. For any application request ather than for a fassed-log system trace means for closure, please submit a Form C144. issee hear visce that approval close who constrained in the application request ather than for a fassed-log system request. For any applications request ather than for a fassed-log system request. For any applications request ather than for a fassed-log system setter request. For any applications request ather than for a fassed-log system request. For any applications or adhances. permit:	Closed-Loop System Permit or Closure Plan Application			
nareations: Phone stability are application (Farn C-141 CLE2) per individual classel-dog system request. For any application appears then than for a for a fore-dog system from only are above ground sets at less of a form C-144. See be advised but approval of this request does not relieve the operator of likely in application conserve. Jones studies at an C-144 see be advised but approval of this request does not relieve the operator of likely in any other applicable governmental authority's note, regulations or ordinances. Nor does approved relieve the operator of like persisted or likely the operator of likely				
lande long system that mby use above ground steel anks or heal-off this and propose to implement wate romoval for closure, please aboved in a specific does not please to does not click to perstee or linking whold operations result in pollution of surface water, ground water or the imment. Nor does approval reliave the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. perstor:				
se be advised that approval relieve the operator of limbility should operators result in pollution of surface water, ground water or the treatment. Kor dess approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Or reveals Street St	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 eround steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.			
ddress: 600 Travis Street. Suite 5100 Houston. Texas 77002 icility or well name: Caprock Maljamar Unit 1989 PI Number: 30-025-01529 OCD Pennit Number: PI-203960 Lo QUQUT C_Scetion 28 Township JZS Range 33E County: Lea enter of Proposed Design: Latitude 32.8101266517835 Longitude :103.67136270685 NAD:]1927]1983 urface Owner:] Federal @ State] Private] Tribal Trust or Indian Alldment Quest County:] Drilling a new well] Worksover or Drilling (Applies to activities which require prior approval of a permit or notice of inten) @ P&A Above Ground Steel Tanks or] Haul-off Bins ieas: Subsection C of 19.15.17.11 NMAC [27: 24.7; 24.7] * Teltering, providing Operator's name, site location, and emergency telephone numbers [3 Signed in compliance with 19.15.3.103 NMAC tesed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC structions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are tached. @ Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC @ Depring and Maintenance Plan - 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:	Please be advised that approval of this request docs 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.			
According and the spectral interval interva	t. Operator: <u>LINN Operating, Inc.</u> OGRID #: <u>269324</u>			
PI Number: 30-023-01329 OCD Permit Number: PI-D39400 A. or QP(Qrt	Address: 600 Travis Street, Suite 5100 Houston, Texas 77002			
AL or QurlQtr _C_ Section 28 Township 175_Range 33E_Commy: Lea enter of Proposed Design: Latitude 32.8101266517835_Longitude _103.67136270685_NAD: []1927 [] 1983 arface Owner: [] Federal @ State [] Private [] Tribal Trust or Indian Allotment Question: [] 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 igns: Subsection C of 19.15.17.11 NMAC [] 21": 24", 21", 21", 21", 21", 21", 21", 21", 21	Facility or well name: Caprock Maljamar Unit #089			
enter of Proposed Design: Latitude <u>12.8101266517835</u> Longitude <u>103.67136270685</u> NAD: [] 1927 [] 1983 arface Owner: [] Federal [] State [] Private [] Tribal Trust or Indian Allotment [] Closed-loop System: Subsection H of 19.15.17.11 NMAC peration: [] 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 [] Haul-off Bins [] Haul-off Bins [] Haul-off Bins [] [] Ya 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers [] Signed in compliance with 19.15.3.103 NMAC [] Lettering, providing Operator's name, site location, and emergency telephone numbers [] Signed in compliance with 19.15.3.103 NMAC [] Design Plan - based upon the appropriate requirements of 19.15.17.19 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC [] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC [] Operating and Maintenance Plan - Asted upon the appropriate requirements of 19.15.17.12 NMAC [] Operating and Maintenance Plan - Asted upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC [] Operating and Maintenance Plan - API Number:	API Number: $30-025-01529$ OCD Permit Number: $PI - 03960$			
arface Owner: Federal Q State Private Tribal Trust or Indian Allotment Closed-loop System: Subsection H of 19.15.17.11 NMAC peration: Drolling 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	U/L or Qtr/Qtr <u>C</u> Section <u>28</u> Township <u>17S</u> Range <u>33E</u> County: <u>Lea</u>			
Closed-loop System: Subsection H of 19.15.17.11 NMAC peration: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)	Center of Proposed Design: Latitude <u>32.8101266517835</u> Longitude <u>-103.67136270685</u> NAD: [1927] 1983			
peration: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)	Surface Owner: 🗋 Federal 🖾 State 🗋 Private 🗋 Tribal Trust or Indian Allotment			
peration: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)	2.			
Above Ground Steel Tanks or Haul-off Bins gas: Subsection C of 19.15.17.11 NMAC [27: X47, 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC losed-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 trached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC © Departing and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Closure Plan (Please complete Box 3) - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach cepy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: Vaste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Isposal Facility Name: <u>CRI (Control Recovery Inc.)</u> Disposal Facility Permit Number: NM01-0007/06 Disposal Facility Name: <u>GRI (Control Recovery Inc.)</u> Disposal Facility Permit Number: NM01-0007/06 Disposal Facility Name: <u>GRI (Control Recovery Inc.)</u> Disposal Facility Permit Number: NM01-0007/06 Disposa				
igns: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers isigned in compliance with 19.15.3.103 NMAC isocd-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC structions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are tached. Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Course 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: Previously Approved Operating and Attached to the disposal of Haufds, drilling fluids and drill curtings. Use attachement if more than two Disposal Facility Name: CR1(Control Recovery Inc.) Disposal Facility Permit Number: NM01-0007(P) Previously Approved Operating Appropriate requirements of Subsection H of 19.15.17.13 NMAC Preve Cose closed-loop system operations and associated activities accur on or in areas that will not be used for future service and oper				
1/2*x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers 2 Signed in compliance with 19.15.3.103 NMAC losed-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 tached. 2 Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC 2 Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC 2 Inversionally Approved Design (attach copy of design) API Number: 2 Previously Approved Design (attach copy of design) API Number: 2 Aste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Disposal Facility Name: CR1(Control Recovery Inc.) Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: CR1(Control Recovery Inc.) Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: Gandy-Markey Disposal Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: Gandy-Markey Disposal Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: Gandy-Markey Disposal Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: Gandy-Markey Disposal Disposal Facility Permi				
Signed in compliance with 19.15.3.103 NMAC Inseed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Istructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are tached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - 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:	Signs: Subsection C of 19.15.17.11 NMAC			
losed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC structions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are trached. © Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC © Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Previously Approved Operating and Maintenance Plan API Number:	☑ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers			
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 tached. 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 Previously Approved Design (attach copy of design) API Number: // Aste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) structures. Please indicatify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two or cilities are required. Disposal Facility Name: CR1 (Control Recovery Inc.) Disposal Facility Permit Number: NM01-00#20% Disposal Facility Name: CR1 (Control Recovery Inc.) Disposal Facility Permit Number: NM01-00#20% // alary 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 equired for impacted areas which will not be used for future service and operations: Sill Rectrint Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Sill Rectrint Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Sill Rectrint Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Sill Rectrint Plan - based upon	Signed in compliance with 19.15.3.103 NMAC			
Image: Construction of the appropriate requirements of 19.15.17.11 NMAC Image: Construction of the appropriate requirements of 19.15.17.11 NMAC Image: Construction of the appropriate requirements of 19.15.17.11 NMAC Image: Construction of the appropriate requirements of 19.15.17.11 NMAC Image: Construction of the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Image: Construction of the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Image: Construction of the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Image: Construction of the appropriate requirements of Subsection C of 19.15.17.13.D NMAC Image: Construction of the facility of facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two or citities are required. Disposal Facility Name: CR1 (Control Recovery Inc.) Disposal Facility Permit Number: NM01-004204 Disposal Facility Name: Gandy-Marley Disposal Disposal Facility Permit Number: NM01-004204 Image: Ves. (If yes, please provide the information below) Image: No No equired 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 I of 19.15.17.13 NMAC Image: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Im	4. <u>Closed-loop Systems Permit Application Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC			
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: <u>Previously Approved Operating and Maintenance Plan API Number:</u> <u>Aste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (19.15.17.13.D NMAC) Istructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two terillites are required. Disposal Facility Name: <u>CRI (Control Recovery Inc.)</u> Disposal Facility Permit Number: <u>NM01-004706</u> Disposal Facility Name: <u>Candy-Marley Disposal</u> Disposal Facility Permit Number: <u>NM01-004706</u> 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 equired 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 H of 19.15.17.13 NMAC Interest Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: <u>Reculatory Specialist 111</u> ignature: <u>MWP. Mutther</u> Date: <u>1222.011</u> mail address: <u>trailahan@linnenergy.com</u> Telephone: <u>281-840-4272</u>				
☑ 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:	Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC			
Previously Approved Design (attach copy of design) API Number:				
Previously Approved Operating and Maintenance Plan API Number: //aste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) isstructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two or cilities are required. Disposal Facility Name: CR1 (Control Recovery Inc.) Disposal Facility Permit Number: NM01-004704 Disposal Facility Name: Gandy-Marley Disposal Disposal Facility Permit Number: NM01-004704 //ill 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 equired 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 Bervegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC perator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print) Terry B. Catlahan Title: Regulatory Specialist III ignature May Definition Date: //2-2-2-011 mail address: tcallahan@linene				
Vaste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) isstructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two isstructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two isstructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two isstructions: Please indentify the facility of facility Permit Number: NM01-009204 Disposal Facility Name: <u>Gandy-Marley Disposal</u> Disposal Facility Permit Number: NM01-009204 Vill 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 No equired 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 I of 19.15.17.13 NMAC Betwee extition Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Image: Section Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Title: Regulatory Specialist 111 ignature: Image: Section Certification: Title: Regulatory Specialist 111 ignature: Image: Section Certification: <t< td=""><td></td></t<>				
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two crilities are required. Disposal Facility Name: CR1 (Control Recovery Inc.) Disposal Facility Permit Number: NM01-004706 Disposal Facility Name: Gandy-Marley Disposal Disposal Facility Permit Number: NM01-004706 //II 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 equired 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 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Perator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print) Terry B. Callahan ignature Image: Lablan@linnenergy.com Yete (Structure Section Condition Section	5.			
Disposal Facility Name: <u>CR1 (Control Recovery Inc.)</u> Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Name: <u>Gandy-Marley Disposal</u> Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Name: <u>Gandy-Marley Disposal</u> Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Name: <u>Gandy-Marley Disposal</u> Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Name: <u>Gandy-Marley Disposal</u> Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Disposal Facility Permit Number: <u>NM01-0047</u> 06 Permit for the proposed closed upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Disposal Facility Permit Recent Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Permator Application Certification: No Disposal Facility Specialist 111 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Disposal Facility 1	<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.			
Iiil 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 equired 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 □ stere requirements of Subsection I of 19.15.17.13 NMAC □ stere requirements of Subsection I of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection I of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC □ stere requirements of Subsection G of 19.15.17.13 NMAC				
□ Yes (If yes, please provide the information below) ⊠ No equired 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 G of 19.15.17.13 NMAC □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC □ site Reclamation Submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist 111 ignature Date: (22-2-201) • mail address: tcallahan@linnenergy.com Telephone: 281-840-4	Disposal Facility Name: Gandy-Marley Disposal Disposal Facility Permit Number: NM01-0005/19			
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 Imperator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist III ignature: Mathematication Imail address: tcallahan@linnenergy.com	Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please provide the information below) X No			
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 Imperator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist III ignature: Mathematication mail address: tcallahan@linnenergy.com Telephone: 281-840-4272	Required for impacted areas which will not be used for future service and operations:			
Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Imperator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist III ignature: Mathematication Imail address: tcallahan@linnenergy.com				
hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist III ignature: My B. Callahan Date:				
hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. ame (Print): Terry B. Callahan Title: Regulatory Specialist III ignature: My B. Callahan Date:	6. Operator Application Certification:			
ame (Print): <u>Terry B. Callahan</u> Title: <u>Regulatory Specialist III</u> ignature: <u>Crry B. Callahan</u> Date: <u>12-2-2011</u> mail address: <u>tcallahan@linnenergy.com</u> Telephone: <u>281-840-4272</u>				
ignature: <u>Urry B. Allahaa</u> Date: <u>12-2-2011</u> mail address: <u>tcallahan@linnenergy.com</u> Telephone: <u>281-840-4272</u>	· · · · ·			
Form C-144 CLEZ Oil Conservation Division Page 1 of				
	Form C-144 CLEZ Oil Conservation Division Page 1 of .			
JUN Ø 3 2014	JUN A 3 2014			

,

	CMU#89	
OCD Approval: Dermit Application (igending-tosure)lan) 🛛 Cost	ure:Plan (only)	
OCD Representative Signature:	Approval Date: 2-6=2011	
Title:STAH nge	OCD Permit Number: PI-03960	
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. B Closure Completion Date: <u>4/4/12</u>		
two facilities were utilized.	items That Utilize Above Ground Steel Tanks or Haul-off Bins Only: , drilling fluids and drill cuttings were disposed. Use attachment if more than	
Disposal Facility Name:	Disposal Facility Permit Number: MMOL-COO.6	
Disposal Facility Name:	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 used for future service and op Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	perations:	
Operator Closure Certification: I hereby certify that the information and attachments submitted with this clo belief. I also certify that the closure complies with all applicable closure rec	sure report is true, accurate and complete to the best of my knowledge and purements and conditions specified in the approved closure plan.	
Name (Print): Darren Sooter	Title: Production specialist	
Signature:	Date: 5/30/110	
e-mail address: dsooter @ linnenergy.com	€Telephone: 575-369-9113	
	Million 6/3/2014	

LINN OPERATING, INC.

CAPROCK MALJAMAR UNIT #89

UNIT C, SEC 28, T-17-S, R-33-E

LEA COUNTY, NM

API#: 30-025-01529

Item #4 Form C-144 CLEZ Attachment

Equipment & Design:

D&L Meters and Instrument Service, Inc. will use a closed loop system in the plugging and abandoning 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.

Closure

After plugging and abandoning operations, 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.