

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

OCT 23 2008

Form C-144 CLEZ
July 21, 2008

OCD-ARTESIA

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 waste removal for closure)

Type of action: Permit Closure

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 ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does 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.

1. Operator: Trek Operating, LLC OGRID #: 255281
Address: 10159 E. 11th St., #401 Tulsa, OK 74128-3028
Facility or well name: Bushby Well #1
API Number: 30-015-36410 OCD Permit Number: 022508
U/L or Qtr/Qtr 0 Section 34 Township 23-S Range 28-E County: Eddy
Center of Proposed Design: Latitude N 32.25516° Longitude W 104.07196° 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 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

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 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 identify 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: _____ Disposal Facility Permit Number: _____
Disposal Facility Name: _____ Disposal Facility Permit Number: _____
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) 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



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): _____ Title: _____
Signature: _____ Date: _____
e-mail address: _____ Telephone: _____

022508

Submit To Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 July 17, 2008
1. WELL API NO. <p style="text-align: center; font-size: 1.2em;">30-015-36410</p>		2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN
3. State Oil & Gas Lease No		5. Lease Name or Unit Agreement Name <p style="text-align: center;">Bushby</p>

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input checked="" type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19 15 17 13 K NMAC)	6. Well Number <p style="text-align: center; font-size: 1.5em;">1</p> <p style="text-align: right; font-size: 1.5em;">OCT 23 2008</p>
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7. Type of Completion <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER	OGD-ARTESIA
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8. Name of Operator <p style="text-align: center;">Trek Operating, LLC</p>	9. OGRID <p style="text-align: center;">255281</p>
10. Address of Operator <p style="text-align: center;">10159 E. 11th St., #401 Tulsa, OK 74128-3028</p>	11. Pool name or Wildcat <p style="text-align: center;">Loving Brushy Canyon East</p>

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	0	34	23-S	28-E		330	S	1650	E	Eddy
BH:	0	34	23-S	28-E		330	S	1650	E	Eddy

13. Date Spudded	14. Date T D Reached	15. Date Rig Released	16. Date Completed (Ready to Produce)	17. Elevations (DF and RKB, RT, GR, etc.)
8-23-2008	9-8-2008	9-10-2008	10/14/2008	3022' GR
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?
6600'		6538'		No
22. Producing Interval(s), of this completion - Top, Bottom, Name				21. Type Electric and Other Logs Run
Brushy Canyon at 6010-6184'				GR-CNL-CBL <input checked="" type="checkbox"/>

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB /FT	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
14"	36.7	0-40'	18"	270 ft ³ concrete	None
8.625"	24	0-454'	12.25"	435 sxs, cmt. circ.	None
5.5"	15.5, 17.0	0-6590'	7.875"	850 sxs.	TOC @ 1950' by CBL

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2.875"	0-6004'

26. Perforation record (interval, size, and number) <p style="text-align: center;">1 spf, 0.38" hole, 6010-6184'</p>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td style="text-align: center;">6010-6184'</td> <td>1,000 gallons 15% HCl acid with ball scalers and additives, followed by 54,500 gallons 25 ppt gelled water and additives</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	6010-6184'	1,000 gallons 15% HCl acid with ball scalers and additives, followed by 54,500 gallons 25 ppt gelled water and additives
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28. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)					
10/14/2008	Pumping	Producing					
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
10/20/2008	24	2"		28	51	149	1821
Flow Tubing Press	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl	Gas - MCF	Water - Bbl	Oil Gravity - API - (Corr.)	
P	—		28	51	149	40.8	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)	30. Test Witnessed By
Sold	Paul Sims

31. List Attachments Log, deviation survey
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32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit <p style="text-align: center;">NA</p>

33. If an on-site burial was used at the well, report the exact location of the on-site burial <p style="text-align: center;">NA</p>
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I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief			
Signature	Printed Name	Title	Date
Brad D. Burks	Brad D. Burks	General Manager	10/20/08
E-mail Address			