

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 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: BOPCO, L.P.	OGRID: 260737			
Address: P.O. Box 2760, Midland, Texas 79702				
Facility or well name: Poker Lake Unit 330H				
API Number: 30-015-39253	OCD Permit Number: 211771			
U/L or Qtr/Qtr D	Section 13	Township 24 S	Range 30 E	County: Eddy
Center of Proposed Design: Latitude N 32.224681		Longitude W 103.840147		NAD: <input checked="" type="checkbox"/> 1927 <input type="checkbox"/> 1983
Surface Owner: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment				

2.	
<input checked="" type="checkbox"/> Closed-loop System: Subsection H of 19.15.17.11 NMAC	
Operation: <input checked="" type="checkbox"/> Drilling a new well <input type="checkbox"/> Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input type="checkbox"/> P&A	
<input type="checkbox"/> Above Ground Steel Tanks or <input checked="" type="checkbox"/> Haul-off Bins	

3.	
Signs: Subsection C of 19.15.17.11 NMAC	
<input checked="" type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC	
<input checked="" type="checkbox"/> Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC	
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Previously Approved Design (attach copy of design)	API Number: _____
<input type="checkbox"/> 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: Controlled Recovery, Inc	Disposal Facility Permit Number: R-9166
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 <i>will not</i> be used for future service and operations?	
<input type="checkbox"/> Yes (If yes, please provide the information below) <input checked="" type="checkbox"/> No	
Required for impacted areas which will not be used for future service and operations.	
<input type="checkbox"/> Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC	
<input type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC	
<input type="checkbox"/> 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: _____

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☒ Closure Plan (only)

OCD Representative Signature: RDade Approval Date: 7/18/12

Title: Dist R Supervisor OCD Permit Number: 211771

8. **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: December 12, 2011

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

Instructions: Please identify 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: _____ 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 *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 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 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): CK Jenkins

Title: Asst Division Drilling Supervisor

Signature: CK Jenkins

Date: 12-13-11

e-mail address: CKJenkins@bsspet.com

Telephone: (432) 683-2277



SPORT ENVIRONMENTAL SERVICES, PLLC

502 N. Big Spring Street, Midland, Texas 79701
Business: 432.683.1100 Fax: 888.500.0622

December 13, 2011

Mr. Randy Dade
State of New Mexico
Oil Conservation Division
1301 W. Grand
Artesia, NM 88210

Re: Closed-Loop System Closure Report
BOPCO, L.P., Poker Lake Unit 330H
Section 13, T-24-S, R-30-E
Eddy County, New Mexico

Dear Mr. Dade,

On behalf of BOPCO, L.P., Sport Environmental Services is providing the enclosed NMOCD Closed-Loop System Closure Report for BOPCO, L.P.'s Poker Lake Unit 330H location.

Visual signs of contaminated soil at the location were not present. No soils were hauled off-site for disposal purposes. Restoration of the impacted area involved, blading and smoothing out the location.

The Bureau of Land Management interim reclamation will be performed prior to the deadline. The location will be assessed to determine if the pad location can be reduced. If we can effectively operate with a reduced footprint, seeding will occur during the next growing season for optimal growth. BLM Seed Mixture # 2 will be applied using the broadcast method. When broadcasting the seed, the pounds per acre will be doubled. As required by NMAC 19.15.17.13(I)(2), successful reclamation is considered to be 70% re-growth of the native perennial vegetative cover (un-impacted by overgrazing, fire or other intrusion damaging to native vegetation) consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintain that cover through two successive growing seasons. During the two growing seasons, that prove viability, there will be no artificial irrigation of the vegetation. Repeat seeding or planting will occur, until required vegetation coverage is successfully achieved. Evaluation of growth will not be made before completion of at least one full growing season after seeding. Photographs of existing vegetation were taken prior to constructing the drilling pit location, as a tool to confirm re-growth of 70% native vegetative coverage.

Species to be planted in pounds of pure live seed* per acre:

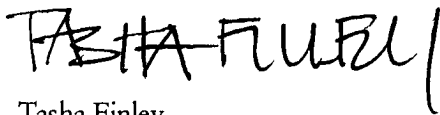
<u>Species</u>	<u>lb/acre</u>
Sand dropseed (<i>Sporobolus cryptandrus</i>)	1.0
Sand love grass (<i>Eragrostis trichodes</i>)	1.0
Plains bristlegass (<i>Setaria macrostachya</i>)	2.0

*Pounds of pure live seed:

Pounds of seed X percent purity X percent germination = pounds pure live seed

If you have any questions or comments with regard to this matter, please contact me at my office (432.683.1100). I would be more than happy to review this closure report with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'TASHA FINLEY' with a stylized flourish at the end.

Tasha Finley
Regulatory Compliance Manager

Enclosures: NMOCD Closed-Loop System Closure Report

Cc via Email:

Buddy Jenkins
BOPCO, L.P.
dba Bass Enterprises Production Co.
P.O. Box 2760
Midland, TX 79702