Form 31(1)-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD-ARTE State Serial No. NMNM0167788

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

6. If Indian. Allottee or Tribe Name

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | orm for proposals t<br>Use Form 3160-3 (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|----------------------------------------|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nit of CA/Agreem                             | ent, Name and/or              | No.                                    |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                                        |  |
| Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Well Name and No. GANT 7 G FEDERAL #2     |                               |                                        |  |
| Name of Operator     Lime Rock Resor                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | urces II-A, L.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                 | 9. ДРІ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Well No.<br>30-015-42                        | 2447                          |                                        |  |
| 3a. Address 3b. Phone I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | (include area coa                               | <i>le)</i> 10. Fie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Field and Pool or Exploratory Area       |                               |                                        |  |
| 1111 Bagby Street Suite 4600<br>Houston, TX 77002 575-365-9                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GL-YESO                                      |                               |                                        |  |
| 4. Location of Well (Footage, Sec., T.R.M., or Survey Description) Unit G, Sec 7, T-18S, R-27E, 1400' FNL, 2180 FEL                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11. Country or Parish, State EDDY COUNTY, NM |                               |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OVITE) TO IND                                              | ICATE MATURI                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | DATA                          |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 'K THE APPROPRIATE BO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JX(E2) TO IND                                              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORTOROTHER                                   | CDATA                         |                                        |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                                        |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Acidize Dec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Start/Resume)                                | Water Shut-Off Well Integrity |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Alter Casing ☐ Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | =                                                          | w Construction Reclamation                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | Other                         |                                        |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | $\overline{}$                                              | and Abandon                                     | = '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | porarily Abandon                             |                               | ** ***                                 |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Plug                                                       |                                                 | Water Dispo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                               | ************************************** |  |
| Attach the Bond under which the w following completion of the involvesting has been completed. Final determined that the site is ready for 1. Glorieta -Yeso-Tubb 2. 350 bwpd 3. 500 bbl F.G. Tank x 2 4. Pipeline 5. Chalk Bluff SWD #1: Permit # Unit I, Sec 1, T18S, R27E; API #3 990' FEL & 1980' FSL; Eddy Cour Federal T SWD #1: Permit #1135 Unit A, Sec 12, T18S, R27E; API 660' FNL & 990' FEL; Eddy Coun Choate Davis 14 State #1 SWD: I Unit J, Sec 14, T18S, R27E; API 3210' FSL & 1650' FEL | ed operations. If the operation Abandonment Notices must refinal inspection.)  AUCG 80-015-27163 anty, New Mexico #30-015-26404, Lease #Noty, NM  Permit #1352A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ion results in a me be filed only after Accepted for Y-12- | nultiple completion all requirement record - Nr | n or recompletion is, including reclam  MOCD  ACCOMPANY  ACCOMPANY | n a new interval, a ation, have been co      | Form 3160-4 mus               | st be filed once operator has          |  |
| 14. I hereby certify that the foregoing is to Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                       | rue and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ئار .                                        | JOIL CON                      | SERVATIO                               |  |
| Michael Barrett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , and the same of |                                                            | Title Production                                | on Superintenden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t                                            | ARTESIA [                     |                                        |  |
| Signature MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Date 11/01/20                                   | 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | APR 1                         | 0 2017                                 |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | USE                                          | RECEIVED                      |                                        |  |
| Conditions of approval, if any, are attached hat the applicant holds legal or equitable tentile the applicant to conduct operations.  Title 18 U.S.C. Section 1001 and Title 43                                                                                                                                                                                                                                                                                                                          | itle to those rights in the subje-<br>thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ect lease which wo                                         | ould Office                                     | CFO  CFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Da                                           |                               | 917                                    |  |
| fictitious or fraudulent statements or repre                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 | ia williany to make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | to any department of                         | n agency of the Un            | neu States any false,                  |  |

WRLU Water Injection SELUS

| Well Completion Name       | API          | U Sec T R   | Pool                        |
|----------------------------|--------------|-------------|-----------------------------|
|                            |              |             |                             |
| WEST RED LAKE UN 07 INJ S1 | 30-015-00805 | B-7-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 08 INJ S1 | 30-015-00806 | G-7-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 13 INJ S1 | 30-015-00804 | A-7-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 15 INJ S1 | 30-015-10174 | H-7-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 17 INJ S1 | 30-015-00788 | M-5-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 18 INJ S1 | 30-015-00828 | D-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 19 INJ S1 | 30-015-00826 | E-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 25 INJ S1 | 30-015-00819 | A-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 35 INJ S1 | 30-015-27473 | D-9-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 36 INJ S1 | 30-015-27474 | H-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 43 INJ S1 | 30-015-28564 | 7-4-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 44 INJ S1 | 30-015-28444 | N-5-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 47 INJ S1 | 30-015-28471 | G-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 50 INJ S2 | 30-015-26428 | C-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 57 INJ S1 | 30-015-28539 | P-6-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 60 INJ S1 | 30-015-28781 | N-5-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 61 INJ S1 | 30-015-28709 | C-9-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 62 INJ S1 | 30-015-28734 | D-9-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 63 INJ S1 | 30-015-28733 | H-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 71 INJ S1 | 30-015-28940 | B-8-18S-27E | Red Lake; Queen-Grayburg-SA |
| WEST RED LAKE UN 74 INJ S1 | 30-015-28973 | G-8-18S-27E | Red Lake; Queen-Grayburg-SA |

## **BUREAU OF LAND MANAGEMENT**

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

## Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- 6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- 7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8. Disposal at any other site will require prior approval.
- 9. Subject to like approval by NMOCD.

7/10/14