

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☒ Closure

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Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1. Operator: <u>Rubicon Oil & Gas, LLC</u> OGRID #: <u>194266</u>	
Address: <u>508 W. Wall Street, Ste. 500, Midland, TX 79701</u>	
Facility or well name: <u>Momo 33 No.1</u>	
API Number: <u>30-015-36322</u>	OCD Permit Number: _____
U/L or Qtr/Qtr <u>L</u> Section <u>33</u> Township <u>19S</u> Range <u>26E</u> County: <u>Eddy</u>	
Center of Proposed Design: Latitude _____ Longitude _____	NAD: X 1927 ☐ 1983
Surface Owner: ☒ Federal State ☐ Private ☐ Tribal Trust or Indian Allotment	
2. ☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A ☐ Above Ground Steel Tanks or ☐ Haul-off Bins	
3. Signs: Subsection C of 19.15.17.11 NMAC ☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers ☐ Signed in compliance with 19.15.3.103 NMAC	
4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. ☐ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC ☐ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC ☐ Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC ☐ Previously Approved Design (attach copy of design) API Number: _____ ☐ Previously Approved Operating and Maintenance Plan API Number: _____	
5. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: <u>CRI</u> Disposal Facility Permit Number: <u>R-9166</u> Disposal Facility Name: <u>Lea Land</u> Disposal Facility Permit Number: <u>WM-1-035</u> Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations? ☐ Yes (If yes, please provide the information below) ☒ No Required for impacted areas which will not be used for future service and operations: ☐ Soil Backfill and Cover Design Specifications -- based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC ☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC ☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC	



6.

Operator Application Certification:

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

e-mail address: _____ Telephone: _____

7.

OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: _____ Approval Date: _____

Title: _____ OCD Permit Number: _____

8.

Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC

Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

X Closure Completion Date: 11/21/2008

9.

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

Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name: CRI Disposal Facility Permit Number: R-9166

Disposal Facility Name: Lea Land Disposal Facility Permit Number: WM-1-035

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☒ No

Required for impacted areas which will not be used for future service and operations:

☐ Site Reclamation (Photo Documentation)

☐ Soil Backfilling and Cover Installation

☐ Re-vegetation Application Rates and Seeding Technique

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OCD-ARTESIA

10.

Operator Closure Certification:

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

Name (Print): Hal Lee Title: Operations Manager/Agent

Signature: Hal Lee Date: 11/21/2008

e-mail address: hal@adventure-energy.com Telephone: 432-684-8006

Accepted for record
NMOCD

JAN 08 2009

JAN 08 2009
OCD-ARTESIA

Power of Attorney

State: New Mexico
County: Chaves, Eddy and Lea Counties
Principal: Rubicon Oil & Gas, LLC
Rubicon Oil & Gas II, LP
Sand Ranch Pipeline
Principal's Address: 508 West Wall Avenue, Suite 500
Midland, Texas 79701
Agent/Attorney in Fact: Hal Lee
Agent/Attorney in Fact's Address: Adventure Energy Services
201 West Wall Avenue, Suite 404
Midland, Texas 79701
Date Executed: November 17, 2008
Effective Date: November 17, 2008

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Principal, identified above, makes, constitutes and appoints Agent, identified above, Principal's true and lawful Agent and Attorney in Fact for Principal and in Principal's name, place and stead, for the purposes of transacting any business on behalf of Principal.

Principal gives and grants Agent full and complete power and authority to do and perform all acts and things required or necessary to be done in transacting Principal's business, as fully to all intents and purposes as if Principal might or could do if personally present and acting on Principal's own behalf.

Principal ratifies and affirms all that the Agent may lawfully do or cause to be done by virtue of the Power of Attorney.

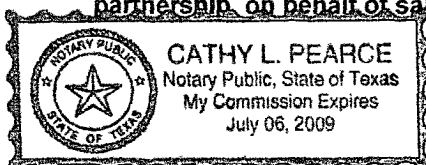
Principal

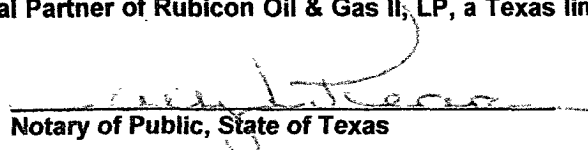
Rubicon Oil & Gas II, LP
By: Rubicon Oil & Gas, LLC, General Partner


W. Brett Smith, President

State of Texas }
County of Midland }

This instrument was acknowledged before me this 17th day of November, 2008, by W. Brett Smith, President of Rubicon Oil & Gas, LLC, General Partner of Rubicon Oil & Gas II, LP, a Texas limited partnership, on behalf of said partnership.




Notary of Public, State of Texas