#### 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.

MAR 02 2009

# 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: X Permit Closure

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

I.	OCDID # 255222	
Operator:Lime Rock Resources A, L.P		
Address:Heritage Plaza, 1111 Bagby St., Suite 4600 Houston, TX 77002		
Facility or well name: _Staley State, Well No. 11		
API Number: 30 · 015 · 36 9 76 OCD Permit N		
U/L or Qtr/QtrLot #3 Section30 Township17-S Rang		
Center of Proposed Design: Latitude N32.802207' Longitude Longitude	V104.222030' NAD: X1927	
Surface Owner: Federal X State Private Tribal Trust or Indian Allotment		
2.  ☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC  Operation: X 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 X Haul-off Bins		
3.		
Signs: Subsection C of 19.15.17.11 NMAC	no numbers	
X 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  Signed in compliance with 19.15.3.103 NMAC		
Signed in compnance with 17.15.5.105 NWAC		
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.  X Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  X Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  X 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:		
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 indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.		
Disposal Facility Name: Controlled Recovery Inc. Disposal F	Julias and arm cullings. Use allachment if more than two	
Disposar rums, Tume, Technical recovery, me.	cility Permit Number:R-9166	
Disposal Facility Name: Disposal	cility Permit Number:R-9166	
	cility Permit Number:R-9166sal Facility Permit Number:	
Disposal Facility Name:	cility Permit Number:R-9166	
Disposal Facility Name:  Will any of the proposed closed-loop system operations and associated activities occur on Yes (If yes, please provide the information below) X 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 requi Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 6.	cility Permit Number:R-9166	
Disposal Facility Name:  Will any of the proposed closed-loop system operations and associated activities occur of Yes (If yes, please provide the information below) X 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 I of 19 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of Coperator Application Certification:	cility Permit Number:R-9166sal Facility Permit Number: or in areas that will not be used for future service and operations?  ements of Subsection H of 19.15.17.13 NMAC .15.17.13 NMAC f 19.15.17.13 NMAC	
Disposal Facility Name:  Will any of the proposed closed-loop system operations and associated activities occur or Yes (If yes, please provide the information below) X 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 requi Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of Comperator Application Certification:  I hereby certify that the information submitted with this application is true, accurate and	cility Permit Number:R-9166sal Facility Permit Number: or in areas that <i>will not</i> be used for future service and operations?  ements of Subsection H of 19.15.17.13 NMAC .15.17.13 NMAC f 19.15.17.13 NMAC	
Disposal Facility Name:  Will any of the proposed closed-loop system operations and associated activities occur or Yes (If yes, please provide the information below) X 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 requi Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of Comperator Application Certification:  I hereby certify that the information submitted with this application is true, accurate and	cility Permit Number:R-9166sal Facility Permit Number: or in areas that will not be used for future service and operations?  ements of Subsection H of 19.15.17.13 NMAC .15.17.13 NMAC f 19.15.17.13 NMAC	

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OCD Approval: Dermit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 03-18-09  Title: Coologist OCD Permit Number: 0209/9/  8.		
OCD Representative Signature: /acqui How	07 Approval Date: 03-18-09	
Title: Goologist	OCD Permit Number: 0209/9/	
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.  Closure Completion Date:		
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.		
Disposal Facility Name:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below)  No		
Required for impacted areas which will not be used for future service and operations.    Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique		
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):	Title:	
Signature:	Date:	
e-mail address:	Telephone:	

# Lime Rock Resources, STALEY STATE, Well No. 11 API: 30--

Sec. 30, T17S-R28E: 1650' FSL & 330' FWL Eddy Co., NM

**DESIGN:** Closed Loop System with roll-off steel bins (pits)

CLS/Carlsbad will supply (2) bins () volume, rails and transportation relating to the Close Loop system. Specifications of Close Loop System attached.

Contacts: Tommy Wilson 575-748-6367 Cell Office # 575-885-3996

Closed Loop Specialties: Supervisor: Curtis: 575-706-4605 - Carlsbad Cell

Monitoring 24 hour service

Equipment:

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2-Centrifuges (brand): Swaco 2-Rig Shakers (brand): Mongoose

Air pumps on location for immediate remediation process

Layout of Close Loop System with bins, centrifuges and shakers attached.

Cuttings and associated liquids will be hauled to a State regulated third party disposal site: CRI (Controlled Recovery, Inc) Disposal Facility Permit # R-9166

2- CLS Bins with track system 1 500 bbl tank for fresh water

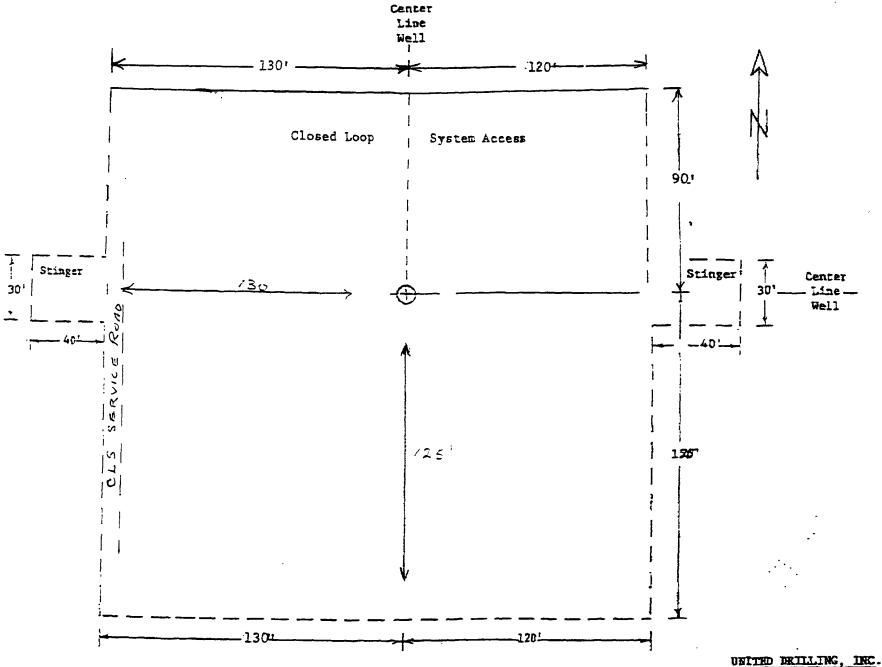
#### **OPERATIONS:**

Closed Loop equipment will be inspected daily by each tour and any necessary maintenance performed.

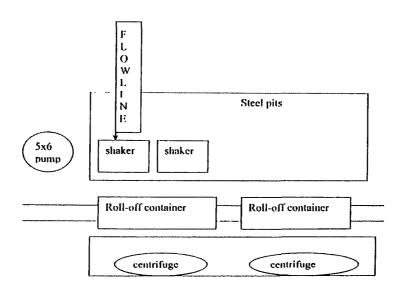
Any leak in system will be repaired and or/contained immediately OCD will be notified within 48 hours of the spill. Remediation process started immediately

### **CLOSURE:**

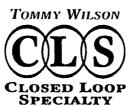
During drilling operations all liquids, drilling fluids and cuttings will be hauled off by CLS (Closed Loop Specialties) to disposal facility, Controlled Recovery, Inc. Permit # R-9166



LOCATION PLAT



This will be maintained by 24 hour solids control personnel that stay on location.



Office: 575.746.1689

Cell: 575.748.6367

MAR 0 2 2009

#### POWER OF ATTORNEY

#### **DESIGNATION OF AGENT**

LIME ROCK RESOURCES A, L.P. hereby names the following person as its agent:

Name of Agent: George R. Smith d/b/a/ Energy Administrative Services Company

Agent's Address: P.O. Box 458, Roswell, NM 88202

Agent's Telephone Number: (575) 623-4940

#### **GRANT OF SPECIAL AUTHORITY**

LIME ROCK RESOURCES A, L.P. grants its agent the authority to act for it with respect to the following only:

- 1. Executing forms required to be filed with the Oil Conservation Division of the New Mexico Energy, Minerals and Natural Resources Department.
- 2. Executive forms required to be filed with the Bureau of Land Management of the Department of Interior of the United States of America.

#### **EFFECTIVE DATE**

This power of attorney is effective immediately.

#### RELIANCE ON THIS POWER OF ATTORNEY

Any person, including the agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

#### SIGNATURE AND ACKNOWLEDGMENT

LIME ROCK RESOURCES A, L.P.

Name: Charles Adcock

Title: Managing Director - Lime Rock Resources, G.P.

Date: 10/27/2008

Address: 1111 Bagby Street, Suite 4600, Houston, TX 77002

Telephone Number: (713) 292-9512

State of TEXAS County of HARRIS

This instrument was acknowledged before me on UTIVEY 17 . DOS by UNIVES UTIVE OF LIME ROCK RESOURCES A, L.P. acting on behalf of said limited

partnership.

Signature of notarial office

My commission expires: Willist

TERRIE POOL
Notary Public, State of Texas
My Commission Expires
August 05, 2012