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.

AUG 25 2009

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

Santa Fe, NM 87505

| (41 | | | Closure Flan Application | (for alama) |
|--|--|--------------------------|--|-----------------------------------|
| (inai oni | - | e of action: P | ad propose to implement waste removal | <u>for closure)</u> |
| Industriana Diago autori | ** | | | |
| | | | sed-loop system request. For any application ose to implement waste removal for closure, p | |
| | | | nould operations result in pollution of surface | |
| nvironment. Nor does approv | al relieve the operator of its respon | nsibility to comply with | any other applicable governmental authority's | rules, regulations or ordinances. |
| Operator: Yates Pet | roleum Corporation | | OGRID #:025575 | |
| Address: 105 South | Fourth Street, Artesia, New Mex | <u>cico 88210</u> | | |
| Facility or well name: Bipl | ane BNM Federal #- 3 | | | |
| API Number: 3 | 005.63990 | OCD Perm | t Number: 209694 | |
| | | | e 27E County: <u>Chaves</u> | |
| Center of Proposed Design: | Latitude <u>N33.803500</u> | Longitude | W104.192389 NAD: ⊠192 | 27 🔲 1983 |
| Surface Owner: Federal | State Private Tribal T | rust or Indian Allotme | ent | |
| 2. | | | | |
| <u>Closed-loop System</u> : | Subsection H of 19.15.17 11 NM | IAC | | |
| 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 Ta | nks or 🛛 Haul-off Bins | | | *** |
| 3. Signar Subsection C of 10 | .15 17.11 NMAC | | ing the state of t | |
| | oroviding Operator's name, site lo | | | . 23 — V ² |
| Signed in compliance w | <u> </u> | · ' | y telephone numbers | |
| 23 bighed in compinance w | 101 17.13.3.103 110011 | | The state of the s | |
| | nit Application Attachment Ch | | | |
| Instructions: Each of the jattached. | following items must be attached | d to the application. | Please indicate, by a check mark in the box | that the documents are |
| | upon the appropriate requirement | ts of 19.15.17.11 NM | AC | |
| | enance Plan - based upon the app | | | C 1 10 15 17 12 NIMA C |
| , | Design (attach copy of design) | | ments of Subsection C of 19.15.17.9 NMA | and 19.15.17.13 NMIAC |
| | Operating and Maintenance Plan | | <u> </u> | |
| 5. | | | | |
| | | | 1 Steel Tanks or Haul-off Bins Only: (19. | |
| instructions: Please inden facilities are required. | ujy ine jacuity or jacuities jor ti | ne aisposai oj iiquias | drilling fluids and drill cuttings. Use attac | nment if more than two |
| Disposal Facility Name: | Gandy Marley | - | Disposal Facility Permit Number: NM-0 | <u>)1-0019</u> |
| Disposal Facility Name: | CRI (· | | Disposal Facility Permit Number R-916 | <u>6</u> |
| Disposal Facility Name: | Lea Land Farm | | Disposal Facility Permit Number: WM- | 1-035 |
| Disposal Facility Name: | Sundance Services Inc. | | Disposal Facility Permit Number: <u>NM-</u> | 01-0003 |
| | osed-loop system operations and ovide the information below) | | occur on or in areas that will not be used for | future service and operations? |
| Required for impacted area | s which will not be used for futur | re service and operati | ons: | |
| Soil Backfill and Co | ver Design Specifications base based upon the appropriate requi | ed upon the appropria | e requirements of Subsection H of 19.15.17 | .13 NMAC |
| | n - based upon the appropriate requi | | | и . А. и. <u> </u> |

| 6. Operator Application Certification: | | | | | |
|--|---|--|--|--|--|
| I hereby certify that the information submitted with this application is true, accur- | ate and complete to the best of my knowledge and belief | | | | |
| Name (Print): Monti Sanders | Title: Land Regulatory Technician | | | | |
| Signature: Monti Sunders | _ Date: <u>E. 3.54</u> /09 | | | | |
| e-mail addressmontis@yatespetroleum.com | Telephone: <u>575-748-4244</u> | | | | |
| 7. OCD Approval: Permit Application (including closure plan) Closure Plan (only) | | | | | |
| OCD Representative Signature: | Approval Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| OCD Representative Signature: | OCD Permit Number: Q09694 | | | | |
| 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: | | | | |
| Olosure 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: | | | | | |
| Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) \sum 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): | | | | | |
| svalie (1 mil). | Title: | | | | |
| Signature: | Date: | | | | |
| e-mail address: | Telephone: | | | | |

Yates Petroleum Corporation Closed Loop System

Equipment Design Plan

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Closed Loop System will consist of:

- 1 double panel shale shaker
- 1- (minimum) Centrifuge, certain wells and flow rates may require 2 centrifuges On certain wells, the Centrifuge will be replaced by a Clackco Settling Tank System
- 1 minimum centrifugal pump to transfer fluids
- 2-500 bbl. FW Tanks
- 1 500 bbl. BW Tank
- 1 half round frac tank 250 bbl. capacity as necessary to catch cement / excess mud returns generated during a cement job.
- 1 Set of rail cars / catch bins

Certain wells will use an ASC Auger Tank

Operation Plan

All equipment will be inspected at least hourly by rig personnel and daily by contractors' personnel.

Any spills / leaks will be reported to YPC, NMOCD, and cleaned up without delay.

Closure Plan

Drilling with Closed Loop System, haul off bins will be taken to Gandy Marley, Lea Land Farm, CRI or Sundance Services Inc.