Craig McDonnold

 From:
 "Bobby Stearns" <bobbystearns1@yahoo.com>

 To:
 "E.L. Gonzales" <elidiol.gonzales@state.nm.us>; "Craig McDonnold" <craig@mcdonnold.net>

 Sent:
 Monday, June 06, 2011 10:48 PM

 Attach:
 NM Letter to Stearns re p&a 6-2-11.pdf

 Subject:
 Fw: NM Letter to Bobby Stearns re p&a of McDonnold Operating wells

 To Whom it May Concern,

J & B Well Servicing of Crossroads, NM has been selected to P/A the wells listed in the attached letter These wells are scheduled for the end of August 2011.

Thank You, Bobby Stearns

--- On Thu, 6/2/11, Teresa Wright <Teresa@McDonnold.net> wrote:

From: Teresa Wright <Teresa@McDonnold.net> Subject: NM Letter to Stearns re p&a 6-2-11 To: bobbystearns1@yahoo.com Date: Thursday, June 2, 2011, 2:14 PM McDonnold Operating, Inc.

505 N. Big Spring, Suite 204 · Midland, Texas 79701 Phone (432) 682-3499 · Fax (432) 682-4823

June 2, 2011



Mr. Bobby Stearns Via email <u>bobbystearns1@yahoo.com</u>

> Re: P&A Scheduling and Procedures Lea County, NM

Well Name	API No.	ULSTR
Langlie Jack Unit #4	30-025-11174	B-20-24S-37E
Langlie Jack Unit #10	30-025-11177	E-21-24S-37E
Bay Federal #003	30-025-04408	D-35-20S-36E
Red Cloud #002	30-025-30870	M-3-25S-37E
State A 16 #001	30-025-24814	M-16-24S-37E

Please feel free to contact me at (432) 682-3499 if you have any questions or need additional information.

Sincerely,

Craig M. McDonnold President

CMM/tw

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Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Cory	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr, Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO.	October 13, 2009
<u>District III</u> – (575) 746-1285 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION	<u>30-025-1073</u> 5. Indicate Type of Lease	8
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	1220 South St. Francis Dr. Santa Fe, NM 87505		TEE [] Fed
1220 S St. Francis Dr , Santa Fe, NM 87505		NM014109	
SUNDRY NOT	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Ag	reement Name
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Cline Federa	
1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 2	
2. Name of Operator McDonnold Operator	ting, Inc.	9. OGRID Number	
3. Address of Operator 505 N, Big Spring	Suite 204 Midland Tx 1970	10. Pool name or Wildcat	120156
4. Well Location			
Unit Letter : Section 5	<u>2310</u> feet from the <u>NO(H</u> line and Township 23 S Range 37 E	<u>330</u> feet from the <u>1</u> NMPM Lfa County	
	11. Elevation (Show whether DR, RKB, RT, GR, et		NM
12. Check A	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data	
NOTICE OF IN		BSEQUENT REPORT	
	PLUG AND ABANDON REMEDIAL WC CHANGE PLANS COMMENCE D	RK ALTERI RILLING OPNS. P AND	NG CASING □ A □
	MULTIPLE COMPL		
DOWNHOLE COMMINGLE	_		_
OTHER: 13. Describe proposed or comp	leted operations. (Clearly state all pertinent details, a	and give pertinent dates, includ	ing estimated date
of starting any proposed we	ork). SEE RULE 19.15.7.14 NMAC. For Multiple C	completions: Attach wellbore of	liagram of
POOH W/ rods &	pmp. POOH W/ PKR. R	edress PKR. KI	H W
PKR & Set PKR	@ 3350'. RIH W/ Pmp	. Frace on p	Duccinon
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		computers	dawn
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		to lindy, a	tmessage
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Spud Date:	Rig Release Date.		1 Huse & all
	the intervention of the test of my knowled		1 Cindy and fil
I hereby certify that the information	above is true and complete to the best of my knowled	uge and benet.	lat mensage
SIGNATURE	TITLE President	DATE	12-11 11 115
	. McDonnold E-mail address:	PHONE: 4	132.682.3499)
For State Use Only		===============================	
APPROVED BY:	TITLE	DATE	Control William.
Conditions of Approval (if any):			per mul
			Scanned J.S-11

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Submit 1 Copy To Appropriate District Office <u>District 1 – (575)</u> 393-6161	State of New Mexico Energy, Minerals and Natural Resource	Form C-103 S October 13, 2009
1625 N French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S First St, Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO.
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE "APPLI	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Cline Federal
PROPOSALS) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 2
2. Name of Operator MCDonnold Doeld	ating, Inc.	9. OGRID Number
3. Address of Operator 505 N. Big Sprin	y Suite 204 Midland TX7	10. Pool name or Wildcat Anglie Mattix Trvvs
4. Well Location Unit Letter <u>E</u> : Section <u>15</u>	<u>2310</u> feet from the <u>NOFH</u> line and Township <u>235</u> Range <u>37E</u> 11. Elevation (Show whether DR, RKB, RT, GR	
12. Check	Appropriate Box to Indicate Nature of Not	tice, Report or Other Data
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE		E DRILLING OPNS D P AND A
	Det PKR @ 3350. RIH Joef 500 psi. Held. Put	Is, and give pertinent dates, including estimated date the Completions: Attach wellbore diagram of rads & pmp. NU BOP. ole. R & R PK.R. Test w/ pmp & rods and t on production.
Spud Date:	R1g Release Date	
I hereby certify that the information	above is true and complete to the best of my know	wledge and belief.
SIGNATURE	TITLE President	DATE 6.2-11
Type or print name (raig M. For State Use Only	McDonnold E-mail address.	PHONE: 432-682-3499
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE

<u>District I</u> 1625 N. French Dr., H	Hobbs, NM 88240) –		State of Ne					_	Form C-10	
District II 1301 W Grand Avenu	ve, Artesia, NM 8		nergy, i	Minerals &	Natural Re	sour	rces		Re	vised October 15, 200	9
<u>District III</u> 1000 Rio Brazos Rd , . <u>District IV</u>				l Conservat 20 South St.			Submi	oneco	xpy to app	ropriate District Offic	e
1220 S. St. Francis Dr				Santa Fe, N	IM 87505				—	AMENDED REPOR	Г
¹ Operator name a	. REQU	EST FC	RALI		AND AU	THC			TRANS	PORT	_
McDgn	old Do	erati	ng. T	nr.			² OGRID NI	mber よろつ	3		ļ
505 N.B	g Sprin	g.Su	たう	0Y			³ Reason for	Filing	Code/ Effe	ctive Date /	
* API Number	Poc	Name					return		to p	roduction/5	p-11
30-025-10 7 Property Code	738 LA	<u>nglie r</u>	natt	1x Trur	S		. <u></u>			/]
NNO1410 II. ¹⁰ Surface	96 10	netty Nam	ede	ral			<u>-</u>	٩٩ ١	Vell Numb	er	
Ul or lot no. Secti	ion Township		Lot Idn			rth	Feet from the	East	West line	3 County	1
E 15	> 1235 Hole Locati	<u>37E </u>		2310	N Line		330	ι	<u>v</u>	Lea]
UL or lot Secti		Range	Lot Idn	Feet from the	North/South	line	Feet from the	East/	West line	County	7
NO.					1		ļ	1			
¹² L se Code ¹⁹ Pr	oducing Method Code	¹⁴ Ges Ca Da		* C-129 Per	mit Number	¹⁶ C	>129 Effective	Date	"C-1	29 Expiration Date	1
III. Oil and O	Gas Transpo	rters									-
¹⁸ Transporter OGRID				¹⁹ Transpo and A			•			20 O/G/W	
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IV. Well Con	malation Dat										-
²¹ Spud Date	²² Ready		<u> </u>	²⁰ TD	* PBTD)	²⁶ Perfora	tions		²⁶ DHC, MC	1
8-26-59				090	3450	_	3382-	37			
²⁷ Hole Siz	19	²⁰ Casing	& Tubir	ng Size	²⁹ De	pth S	et		³⁰ Sad	(s Cement	-
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										<u></u>	1
										<u></u>	4
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V. Well Test	Data										-
³¹ Date New Oil	³² Gas Deliv	ery Date		Test Date	*Test	Leng		bg. Pre		³⁸ Csg. Pressure	
5-10-11			5-	<u> 0- </u> Water	24 1	rs		مكك	51	10 psi	-
³⁷ Choke Size	*o	il 	1	water IQ		386		•		⁴¹ Test Method P	
⁴² I hereby certify th been complied with	at the rules of t	he Oil Con	servation	Division have			OIL CONSEP	VATIC	N DIVISIO		
complete to the best Signature:	of my knowled	lge and beli	ef		Approved by						
Printed name:					Title			<u> </u>			-
Craigm.1	nebori	hold			Approval Date	r.					-
Presiden	ł					-					-
E-mail Address											
Date 0-2-11	P	132-6	<u>82-3</u>	499							

Submit I Copy To Appropriate District	State of New Mex		. Form C-103
<u>District I</u> (575) 393-6161 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natura		October 13, 2009 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION I	DIVISION	30-025-30870
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Franc	is Dr.	5. Indicate Type of Lease STATE FEE
District IV – (505) 476-3460 1220 S St Francis Dr., Santa Fe, NM	Santa Fe, NM 875	505 e	5. State Oil & Gas Lease No.
87505	ICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUC	BACK TO A	. Lease Name or Unit Agreement Name
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR	SUCH	Ked Choud
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🔀 Other	8	. Well Number 2
McDonnold Deera	ting The.	9	0GRID Number
3. Address of Operator			0. Pool name or Wildcat
4. Well Location	Suite Dot Midland	1219701	Vates Trurs
Unit Letter:	600 feet from the	S_line and _	660 feet from the 6 (1) line
Section 3	Township 255 Rang		MPM Lea County
	11. Elevation (Show whether DR, R	RKB, RT, GR, etc.)	
12. Check	Appropriate Box to Indicate Nat	ture of Notice, Re	eport or Other Data
NOTICE OF IN	ITENTION TO:	SUBSE	EQUENT REPORT OF:
		REMEDIAL WORK	
TEMPORARILY ABANDON		COMMENCE DRILL CASING/CEMENT J	
			_
OTHER:		OTHER	
			ive pertinent dates, including estimated date
proposed completion or rec	ork). SEE RULE 19.15.7.14 NMAC. ompletion.	For Multiple Comp	letions: Attach wellbore diagram of
, MIRU PEAr			
• • • • • •	···· ··· ·····························	1/m	
2. Shot 2222 h	ug from 2700'- 2'	que.	
3. Load hole w	12.5#/gal mud la	iden filla	~ , ~ ,
4. Spot 255x ho	le from 1300-1000	o'. WOC.	lag plug.
5. Spot losx @	Sterf.		
S. Oper read	or d install dry ho	le marker	
b. Lut off linch	or money my no		
Spud Date:	Rig Release Date	e.	
		L	
I hereby certify that the information	above is true and complete to the bes	t of my knowledge a	nd belief.
			-
SIGNATURE	D.M. TITLE Press	ident	DATE 7-1-11
Time or print nome for in the	MCD and F-mail address		PHONE: 432-682-3498
For State Use Only	L-man autress.		
APPROVED BY:	TITLF		DATE
Conditions of Approval (if any):	LLLUU		

Red Cloud #2 Before API: 30-025-30870 85/8" 14# @ 356'. Com 7 w/ 250 Sr. TOC Circ To Sart. Perfs: 2695'-3015 w/ 27 holes. 41/2" 10.5 # @ 3193' ConT w/ 650 SX. TOC Circ To Surf.

IJ.	<u>District I</u> 1625 N French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 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.		
	<u>Closed-Lo</u> (that only use above ground s	op System Permit or Closure Plan . teel tanks or haul-off bins and propose to implem	Application tent waste removal for closure)		
		Type of action: 🕅 Permit 🗌 Closure			
1	closed-loop system that only use above ground steel	C-144 CLEZ) per individual closed-loop system request tanks or haul-off bins and propose to implement waster relieve the operator of liability should operations result in	removal for closure, please submit a Form C-144.		
é	environment Nor does approval relieve the operator of	f its responsibility to comply with any other applicable go	vernmental authority's rules, regulations or ordinances		
	Address: 505 N. BIG Spring, SI Facility or well name: Red Cloud # API Number: 30-025-30870 U/L or Qtr/Qtr Section Center of Proposed Design: Latitude	OCD Permit Number: Township <u>255</u> Range <u>37E</u> Longitude	Ol County: Lea		
	Surface Owner: 🗌 Federal 🗌 State 🙀 Private 🗋	Tribal Trust or Indian Allotment			
	 2. Closed-loop System: Subsection H of 19.15. Operation: Drilling a new well Workover o Above Ground Steel Tanks or Haul-off Bin 	r Drilling (Applies to activities which require prior app	proval of a permit or notice of intent) 🏾 P&A		
	 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 				
	Instructions: Each of the following items must be attached. Design Plan - based upon the appropriate real Operating and Maintenance Plan - based upon	on the appropriate requirements of 19.15 17.12 NMAC ad upon the appropriate requirements of Subsection C esign) API Number	neck mark in the box, that the documents are C of 19.15.17 9 NMAC and 19.15.17 13 NMAC		
Ī	5.				
	Instructions: Please indentify the facility or facil facilities are required.	ns That Utilize Above Ground Steel Tanks or Haul- ities for the disposal of liquids, drilling fluids and dri	ill cuttings. Use attachment if more than two		
		Disposal Facility Per			
		Disposal Facility Per			
	Yes (If yes, please provide the information b	•	t will not be used for future service and operations?		
	Re-vegetation Plan - based upon the appropri	d for future service and operations ns based upon the appropriate requirements of Subsection I of 19.15.17.13 NMA popriate requirements of Subsection G of 19.15.17.13 N	AC		
ſ	6. Operator Application Certification:				
		h this application is true, accurate and complete to the	best of my knowledge and belief.		
	Name (Print): Craig M. McDong	old Title: Pres	sident		
	Signature. C. M. M.		5-11		
	e-mail address	Telephone Y	32-682-3499		

r

Form C-144 CLEZ

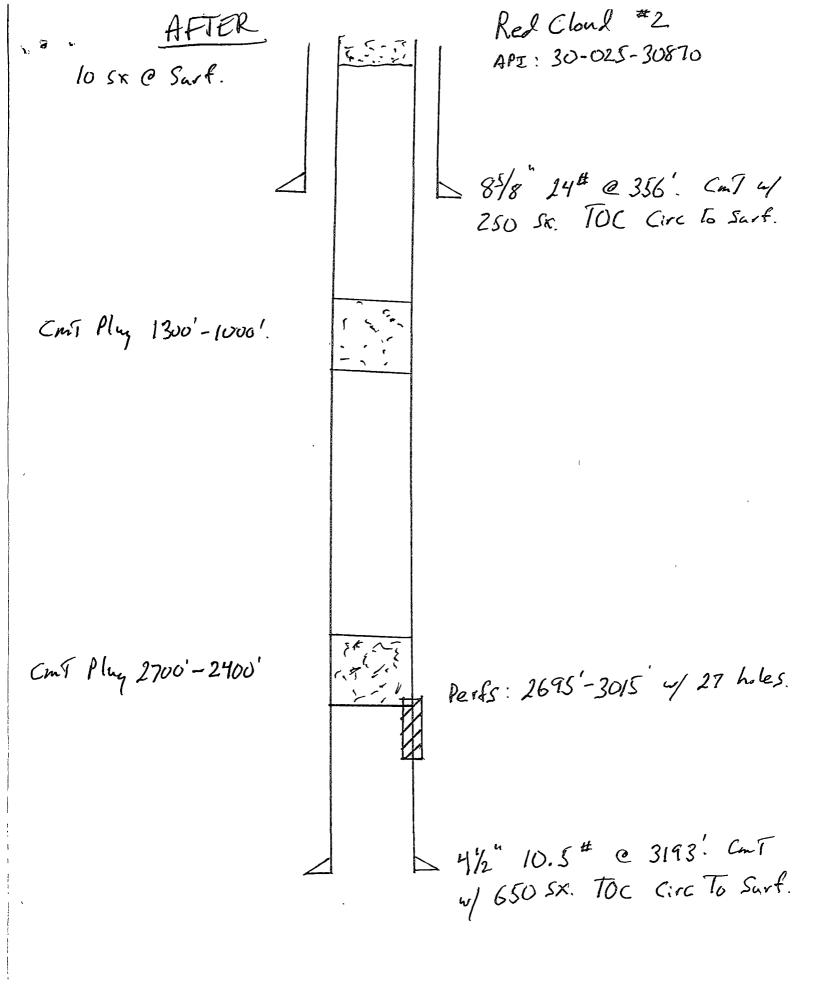
1) 1

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. Closure Completion Date:			
9. <u>Closure Report Regarding Waste Removal Closure For C</u> Instructions: Please indentify the facility or facilities for wh	Tosed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: there 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:	sal Facility Name: Disposal Facility Permit Number:		
	ties performed on or in areas that will not be used for future service and operations?		
Required for impacted areas which will not be used for future service and operations Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique			
10. Operator Closure Certification: I hereby certify that the information and attachments submitted belief. I also certify that the closure complies with all application Name (Print)	ed with this closure report is true, accurate and complete to the best of my knowledge and able closure requirements and conditions specified in the approved closure plan.		
Signature:	Date:		
e-mail address	Telephone		

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Submit 1 Copy To Appropriate District	State of New M			_
♥ Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Nati			Form C-103
1625 N French Dr., Hobbs, NM 88240	Energy, minerals and Nati	ital Resources	WELL API NO.	October 13, 2009
<u>District II</u> – (575) 748-1283 811 S Fust St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30.025-24	814
District III - (505) 334-6178	1220 South St. Fra		5. Indicate Type of Lea	
1000 R10 Brazos Rd , Aztec, NM 87410 <u>District IV</u> (505) 476-3460	Santa Fe, NM 8'	7505	6. State Oil & Gas Leas	FEE
1220 S St Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTIO	CES AND REPORTS ON WELLS	5	7. Lease Name or Unit	Agreement Name
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR USE "APPLIC PROPOSALS.)	ALS TO DRILL OR TO DEEPEN OR PL ATION FOR PERMIT" (FORM C-101) F	UG BACK TO A DR SUCH	State A-16	
· · · · · · · · · · · · · · · · · · ·	Gas Well 🔲 Other		8. Well Number	
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	9. OGRID Number	
3. Address of Operator	ing MC.		10. Pool name or Wildo	
505 Nº BIR Soring	Suite 204 Midl.	1 Tunon		at
4. Well Location	Suite any Milai	and 1x 1970	Truis QN	
Unit Letter <u> </u>	1230 et from the	line and	60 feet from the	J line
Section	Township 245 Ra	inge 37E	NMPM lea Cou	
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.,)	
		<u></u>		
12 Charles	united Dan to Indiants N			
IZ. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF IN		SUB	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		RING CASING
		COMMENCE DRI		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	I JOB	
OTHER:		OTHER:		
	eted operations. (Clearly state all j k). SEE RULE 19.15.7.14 NMAC			
proposed completion or reco				o diagram or
1 MURU PEA TI	α,			
1. MIRU PEATI		e '		
2. Spot 255x plug	from 3450-33	. 000		
3. Load hole w/ 1.	5#leal mud l	aden flui	d.	
3. Wad hole with	2.5 /gas much 1		Aluo	
4 Spot 255x plug	1300'-1200'. WU	and the	ping.	
4. Spot 255x plug 5. Perf Sozholes	@ 460' + fill C	isg w/ Cr	rt.	
5. THE SUE NOTES		July and	A M	
6. Cut off anchor	-s + Install Cuy	note mut		
	Rig Release D	ate:		
Spud Date:				
I hereby certify that the information a	bove is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE C.M. MC	$). / (_{TTTTE} Pr.)$	ude A	DATF '	7-1-11
SIGNATURE h			DAIL	
Type or print name Gag M.	McDonnold E-mail addres	s:	PHONE:	432-682.3499
For State Use Only				
APPROVED BY:			DATE	
Conditions of Approval (if any):				

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Before
 STATE A-16 #1

 API # 30-025-24814

 B \$78' 10" @ 410'. CmT

$$w/260 S_X. TOC - Circ To Surf.$$

 CS5 Lk 1185-1272'.

 Pmp 400 Sx + Circ CmT 16:

 Surf. D0 cmT. which NOT Tert.

 Re-Sa2 w/ 100 Sx. Testel Esg

 To 300 PS: Low 30 min. OK.

 Perfs: 3456'-3558'.

 S1/2" 14# @ 3650'. CmT w/

 SUD Sx. TOC @ 2450 Gy CBL.

Date Lange. Oil Conservation Division Division 1200 Set. Santa Fe, NM 87305 Division To one and other the set of conservation Division 1200 Set. Santa Fe, NM 87305 Conservation Division To one and other the set of conservation Division 1200 Set. France Dr. Santa Fe, NM 87305 Conservation Division To one and other the set of conservation Division 1200 Set. France Dr. Santa Fe, NM 87305 Conservation Division To one and other the set of conservation Division 1200 Set. France Dr. Santa Fe, NM 87305 Conservation Division To one of conservation Division 1200 Set. France Dr. Santa Fe, NM 87305 Conservation Division To one of conservation Division 1200 Set. Market Division To one of conservation Division To one of conservation Division To one of conservation 1200 Set. Market Division To one of conservation Conservation Division To one of conservation 1200 Set. Market Division To one of conservation Conservation Set. Conservation Conservation Conservation Conservation Conservation Conservation Conservation Conser	District I 1625 N French Dr., Hobbs, NM 88240 District II	State of New Mexico Energy Minerals and Natural Resources	Form C-144 CLEZ July 21, 2008
12/13 Stringer DF, Sunta FR, NM 87505 Closed-Loop System Permit or Closure Plan Application (that only use above ground steel attack or haud-fills and propose to implement water removal for closure) Type of action: Market DF, Same submit one approximation of the close of the properties of the close of the c	1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u>	Oil Conservation Division	ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit
(Init only use above ground stell tanks or hand-off this and propose to implement waste removal for closure) Type of action: A PermitClosure Instructions: Plastic submit on application (Ferm C144 CLE2) per individual closed-top gatem request. For any application request other than for a closure/ plastic submit a Form C144. Closed-loop gatem that only use above ground stell ends to thand-off this and propose to implement waste removal for closure/ plastic submit a Form C144. Operator: Incomposite the operator of instruption of the representation submit of outper submit and only application request of the application of the representation and the operator of theoperatoperate operatore operator operator operatore op	1220 S St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	to the appropriate NMOCD District Office.
(Init only use above ground stell tanks or hand-off this and propose to implement waste removal for closure) Type of action: A PermitClosure Instructions: Plastic submit on application (Ferm C144 CLE2) per individual closed-top gatem request. For any application request other than for a closure/ plastic submit a Form C144. Closed-loop gatem that only use above ground stell ends to thand-off this and propose to implement waste removal for closure/ plastic submit a Form C144. Operator: Incomposite the operator of instruption of the representation submit of outper submit and only application request of the application of the representation and the operator of theoperatoperate operatore operator operator operatore op	Closed-	Loon System Permit or Closure Plan	Application
Type of action: [A] Permt [] Closure Type of action: [A] Permt []	(that only use above grou	and steel tanks or haul-off bins and propose to implen	nent waste removal for closure)
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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: Disposal Facility Permit Number 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? Wy es (If yes, please provide the information below) in No Required for impacted areas which will not be used for future service and operations? So Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19 15.17 13 NMAC So Deparator Application Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 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): Mag	Instructions: Each of the following items ma attached. Design Plan - based upon the appropria Operating and Maintenance Plan - base	ust be attached to the application. Please indicate, by a cl te requirements of 19.15.17 11 NMAC d upon the appropriate requirements of 19 15 17.12 NMAC	heck mark in the box, that the documents are
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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): Vaig M: McOnnold Signature: Date 1-5-11 e-mail address: Telephone:	Soil Backfill and Cover Design Specific Re-vegetation Plan - based upon the ap	cations based upon the appropriate requirements of Sub- propriate requirements of Subsection 1 of 19.15.17.13 NM.	AC
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): Uaig M: McDonold Title: Telephone: Date 7-5-11 Signature: Date 7-5-11 Telephone: 433-683-3799	6. Onerator Application Certification:	<u> </u>	
Name (Print): Chaig M. McDonnold Signature: C. M. Man L. Date 1-5-11 Date 1-5-11 Telephone: 433-682-3499		d with this application is the accurate and complete to the	best of my knowledge and belief
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^{7.} <u>OCD Approval</u> : Permit Application (including closure plan) Closure 1	Plan (only)	
OCD Representative Signature:	Approval Date:	
Title:	OCD Permit Number:	
8. <u>Closure Report (required within 60 days of closure completion)</u> : 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. <u>Closure Report Regarding Waste Removal Closure For Closed-loop System</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, dr.</i> <i>two facilities were utilized.</i>	s That Utilize Above Ground Steel Tanks or Haul-off Bins Only: illing fluids and drill cuttings were disposed. Use attachment if more than	
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 <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and operations. Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique		
10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require Name (Print):	ments and conditions specified in the approved closure plan.	
Signature	Date:	
e-mail address:	Telephone:	

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Form 3160-5 (September 2001)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	FORM APPROVED OM B No 1004-0135 Expires January 31, 2004
SUN	DRY NOTICES AND REPORTS ON WELLS	5 Lease Serial No NMNMQ7966
Do not us	this form for proposals to drill or to re-enter an d well. Use Form 3160-3 (APD) for such proposals.	6 If Indian, Allottee or Tribe Name
SUBMIT IN	TRIPLICATE- Other instructions on reverse side.	7 If Unit or CA/Agreement, Name and/or No
I Type of Well Onl Well	Gas Well Other	8 Well Name and No
2 Name of Operator	Operating Inc.	Bay Federa #3
3a Address 505 N. I Midland	313 Spring. Sunte 204 3b Phone No. (Include area code)	30-025-04408 10. Field and Pool, or Exploratory Area
	Sec. T. R. M. or Survey Description)	Eumont Y - JUVIS QN 11 County or Parish, State
D-35-20	5-36E, Lea Co. NM	Lea Co. NM
	APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	·····
Notice of Intent	Acidize Deepen Production	(Start/Resume) Water Shut-Off Well Integrity
Subsequent Report	Casing Repair New Construction Recomplete	
Final Abandonment Not	ice Change Plans Plug and Abandon Temporarily Convert to Injection Plug Back Water Dispo	
determined that the site is TD 4070' Perfs 3855'-39 TOC 699' 85/8" @ 351' W 512" @ 4070 T	ed. Final Abandonment Notices shall be filed only after all requirements, including rec ready for final inspection.)	NU 3K BOP SA rig. POOH w/ PKR. P @ 3040'. Spot 25sx plug on t w/ 12.5#/gal mud laden fluid holes @ 400'\$ fill 51/2" \$ 85/8" CSg w/ Cmt.
14 Ihereby certify that the Name (Printed/Type Craig M. M	e foregoing is true and correct d) c Donno Id Title Presider	,+
Signature CA Ary	m. McDile b. 3-11	
	THIS SPACE FOR FEDERAL OR STATE OFFI	
Approved by		Date
Conditions of approval, if an certify that the applicant hole	y, are attached Approval of this notice does not warrant or is legal or equitable title to those rights in the subject lease coant to conduct operations thereon	
Title 18 U.S.C Section 1001 a States any false, fictitious or	nd Title 43 USC Section 1212, make it a crime for any person knowingly and will fraudulent statements or representations as to any matter within its jurisdiction	fully to make to any department or agency of the United

(Instructions on page 2)

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i.

BAY Fed #3
"30-025-04408

$$85/8^{\circ} 28^{\pm} 5.55 C_{57} C 351'.$$

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Perfs 3855' 3969'
 $51/2'' 141^{\pm} 5.55 C_{57} C 4070'$
 $CmT = 1/300 SX around shire and
loo SX Through DV Tool C 1461'.
Toc C 699'.$$

$$(BAY) Fex = 3$$
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