

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.
NMNM132065

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM1420188. Well Name and No.
HI BOB FEDERAL COM 4H9. API Well No.
30-005-64343-00-S110. Field and Pool or Exploratory Area
ROUND TANK-SAN ANDRES11. County or Parish, State
CHAVES COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
MARSHALL & WINSTON INCORPORATE

Contact: SHERRY L ROBERTS

E-Mail: sroberts@mar-win.com

3a. Address
6 DESTA DRIVE, SUITE 3100
MIDLAND, TX 797053b. Phone No. (include area code)
Ph: 432-684-6373
Fx: 432-682-1316

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 8 T15S R29E SESE 517FSL 765FEL
33.024567 N Lat, 104.044472 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Water production & disposal information - please see attached.

accepted for record NMOCD
DS 11-20-2020

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #536698 verified by the BLM Well Information System
For MARSHALL & WINSTON INCORPORATE, sent to the Roswell
Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/06/2020 (21JS0012SE)

Name (Printed/Typed) TODD PASSMORE

Title OPERATIONS MANAGER

Signature (Electronic Submission)

Date 11/06/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USEApproved By **ACCEPTED**JENNIFER SANCHEZ
Title PETROLEUM ENGINEER

Date 11/06/2020

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Roswell

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Revisions to Operator-Submitted EC Data for Sundry Notice #536698

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DISPOSE SR	DISPOSE SR
Lease:	NMNM132065	NMNM132065
Agreement:		NMNM142018 (NMNM142018)
Operator:	MARSHALL & WINSTON, INC. P. O. BOX 50880 MIDLAND, TX 79710-0880 Ph: 432-684-6373	MARSHALL & WINSTON INCORPORATE 6 DESTA DRIVE, SUITE 3100 MIDLAND, TX 79705 Ph: 4326846373
Admin Contact:	SHERRY L ROBERTS OPERATIONS SCRETARY E-Mail: sroberts@mar-win.com Ph: 432-684-6373 Fx: 432-682-1316	SHERRY L ROBERTS OPERATIONS SCRETARY E-Mail: sroberts@mar-win.com Ph: 432-684-6373 Fx: 432-682-1316
Tech Contact:	TODD PASSMORE OPERATIONS MANAGER E-Mail: tpassmore@mar-win.com Cell: 432-894-0165 Ph: 432-684-6373 Fx: 432-682-1316	TODD PASSMORE OPERATIONS MANAGER E-Mail: tpassmore@mar-win.com Cell: 432-894-0165 Ph: 432-684-6373 Fx: 432-682-1316
Location:		
State:	NM	NM
County:	CHAVES	CHAVES
Field/Pool:	ROUND TANK; SAN ANDRES	ROUND TANK-SAN ANDRES
Well/Facility:	HI BOB FEDERAL COM 4H Sec 8 T15S R29E Mer NMP SESE 517FSL 765FEL 33.023568 N Lat, 104.044470 W Lon	HI BOB FEDERAL COM 4H Sec 8 T15S R29E SESE 517FSL 765FEL 33.024567 N Lat, 104.044472 W Lon

WATER PRODUCTION & DISPOSAL INFORMATION

In order to process your disposal request, the following information must be completed:

1. Name of formations producing water on the lease. San Andres
2. Amount of water produced from all formations in barrels per day. 900 BPD
3. Attach a current water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates. (One sample will suffice if water is commingled.)
4. How water is stored on lease. 3 - 500 bbl fiberglass tanks
5. How water is moved to the disposal facility. 6" buried polyline
6. Identify the Disposal Facility by:
 - A. Facility Operators name. Mack Energy Corp.
 - B. Name of facility or well name and number. Runway SWD #1
 - C. Type of facility or well (WDW) (WIW) etc. WDW
 - D. Location by $\frac{1}{4}$ $\frac{1}{4}$ NWNE Section 20 Township 14S Range 29E
7. Attach a copy of the State issued permit for the Disposal Facility.

Submit to this office, **2909 West Second Street, Roswell NM, 88201**, the above required information on a Sundry Notice 3160-5. Submit 1 original and 3 copies, within abatement period. (This form may be used as an attachment to the Sundry Notice.)

MAR 16 2009

Form C-144 CLEZ
July 21, 2008

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

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 NMOC District Office

Closed-Loop System Permit or Closure Plan Application

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

Type of action: ☒ 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. 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.

Operator: Mack Energy Corporation OGRID #: 013837
Address: P.O. Box 960 Artesia, NM 88210-0960
Facility or well name: Runway SWD #1
API Number: 30-005-64109 OCD Permit Number: _____
U/L or Qtr/Qtr B Section 20 Township 14S Range 29E County Chaves
Center of Proposed Design: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

☒ Closed-loop System: Subsection H of 19.15.17.11 NAIAC
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

Sign: 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

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: _____

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: Controlled Recovery Inc Disposal Facility Permit Number: NM-01-0006
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?
☐ 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

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): Jerry W. Sherrell Title: Production Clerk
Signature: Jerry W. Sherrell Date: 3/13/09
e-mail address: jerrys@mackenergycorp.com Telephone: 575-748-1288

0209248

OCD Approval: <input checked="" type="checkbox"/> Permit Applies on (including closure plan) <input type="checkbox"/> Closure Plan (only)	
OCD Representative Signature: <u><i>Jacqui Reno</i></u>	Approval Date: <u>4-8-09</u> <u>0209248</u>
Title: <u>Geologist</u>	OCD Permit Number: _____

Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC <i>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.</i>
<input type="checkbox"/> Closure Completion Date: _____

Closure Reports Regarding Waste Removal Closure for Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: <i>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.</i>	
Disposal Facility Name: <u>Controlled Recovery Inc</u>	Disposal Facility Permit Number: <u>NM-01-0006</u>
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? <input type="checkbox"/> Yes (If yes, please demonstrate compliance to the items below) <input type="checkbox"/> NO	
Required for impacted areas which will not be used for future service and operations:	
<input type="checkbox"/> Site Reclamation (Photo Documentation)	
<input type="checkbox"/> Soil Backfilling and Cover Installation	
<input type="checkbox"/> 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: _____

Mack Energy Closed Loop System Design Plan

Equipment list,

2- 414 Swaco Centrifuges

2- 4 screen Mongoose shale shakers

2- CRI Bins with track system

2- 500 BBL frac tanks for fresh water

2- 500 BBL frac tanks for brine water

Operations and Maintenance

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 notified within 48 hours.

Remediation process started.

Closure Plan

During drilling operations all liquids, drilling fluids and cuttings will be hauled off by CRI(Controlled Recovery Inc. Permit NM-01-0006).