

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.
NMNM121940

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

GREASEWOOD FEDERAL 13 2

2. Name of Operator

MARSHALL & WINSTON INC

Contact: SHERRY L ROBERTS

E-Mail: sroberts@mar-win.com

9. API Well No.

30-005-64234-01-S1

3a. Address

P.O. BOX 50880
MIDLAND, TX 79710-0880

3b. Phone No. (include area code)

Ph: 432-684-6373
Fx: 432-682-131610. Field and Pool or Exploratory Area
ROUND TANK-SAN ANDRES
UNKNOWN

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

Sec 13 T15S R28E SWSE 330FSL 1450FEL

11. County or Parish, State

CHAVES COUNTY, NM

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 the attached.

Accepted 05/27/2020 - KMS NMOCD

14. I hereby certify that the foregoing is true and correct. Electronic Submission #516599 verified by the BLM Well Information System For MARSHALL & WINSTON INC, sent to the Roswell Committed to AFMSS for processing by JENNIFER SANCHEZ on 05/27/2020 (20JS0122SE)	
Name (Printed/Typed) TODD PASSMORE	Title OPERATIONS MANAGER
Signature (Electronic Submission)	Date 05/26/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JENNIFER SANCHEZ Title PETROLEUM ENGINEER	Date 05/27/2020
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 #516599

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DISPOSE SR	DISPOSE SR
Lease:	NMNM121940	NMNM121940
Agreement:		
Operator:	MARSHALL & WINSTON, INC. P. O. BOX 50880 MIDLAND, TX 79710-0880 Ph: 432-684-6373	MARSHALL & WINSTON INC P.O. BOX 50880 MIDLAND, TX 79710-0880 Ph: 432-684-6373 Fx: 432-682-1316
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: 432-559-2674 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 UNKNOWN
Well/Facility:	GREASEWOOD FEDERAL 13 2 Sec 13 T15S R28E Mer NMP SWSE 330FSL 1450FEL 33.009539 N Lat, 104.081433 W Lon	GREASEWOOD FEDERAL 13 2 Sec 13 T15S R28E SWSE 330FSL 1450FEL

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. 90 BWPD
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. Fiber Glass Tanks - 500 bbl
5. How water is moved to the disposal facility. Flowline
6. Identify the Disposal Facility by:
 - A. Facility Operators name. Mack Energy Corp.
 - B. Name of facility or well name and number. Round Tank SWD #1
 - C. Type of facility or well (WDW) (WIW) etc. WDW
 - D. Location by $\frac{1}{4}$ $\frac{1}{4}$ NESW Section 19 Township 15S 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.)



FEB 10 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 Round Tank SWD #1
API Number 30-005-64095 OCD Permit Number _____
U/L or Qtr/Qtr K Section 19 Township 15S 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 Sherrell Title: Production Clerk

Signature: Jerry W. Sherrell Date: 2/10/2009

e-mail address: jerrys@mackenergycorp.com Telephone: 575-748-1288

Form C-144 CLEZ

Oil Conservation Division



0209169

OCD Approval: ☒ Permit Applies on (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: _____

Approval Date: _____

Title: _____

OCD Permit Number: _____

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: _____

Closure Reports 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: Controlled Recovery Inc

Disposal Facility Permit Number: NM-01-0006

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: _____

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).