Signature: <u>Mile Lippin</u> e-mail address: <u>mike@pippinllc.com</u>		<u>March 20, 2013</u> 505-327-4573
s. Operator Application Certification: I hereby certify that the information submitted wit Name (Print): <u>Mike Pippin</u>		o the best of my knowledge and belief. Petroleum Engineer - Agent
Re-vegetation Plan - based upon the appropriate re Site Reclamation Plan - based upon the appropriate	based upon the appropriate requirements of Subsection F	H of 19.15.17.13 NMAC
Will any of the proposed closed-loop system opera		s that will not be used for future service and operations?
	Water Disposal Disposal Facility Permit Nu	
	covery Inc.) Disposal Facility	
s. Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facili facilities are required.	ities for the disposal of liquids, drilling fluids an	d drill cuttings. Use attachment if more than two
Previously Approved Operating and Maintenance Pla	an API Number:	
Design Plan - based upon the appropriate re Operating and Maintenance Plan - based up	oon the appropriate requirements of 19.15.17.12 N ed upon the appropriate requirements of Subsecti	MAC on C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
4. Closed-loop Systems Permit Application Attach Instructions: Each of the following items must be attached.		
Signed in compliance with 19.15.3.103 NMAC	<u>}</u>	NMOCD ARTESIA
12"x 24", 2" lettering, providing Operator's nat	••••	ers MAR <b>2 1</b> 2013
Signs: Subsection C of 19.15.17.11 NMAC		
Above Ground Steel Tanks or Haul-off Bin	IS	BECEIVED
• – • • –		or approval of a permit or notice of intent) P&A
2. Closed-loop System: Subsection H of 19.15.		
Surface Owner: 🔲 Federal 🛛 State 🗋 Private 🗌	] Tribal Trust or Indian Allotment	
	1	NAD: 1927 1983
U/L or Qtr/QtrSection4		
API Number: <u>30-015-40553</u>		
Facility or well name: <u>EDDY-HUMBLE 4 STA</u>		
Address: c/o Mike Pippin LLC, 3104 N. S	Sullivan, Farmington, NM 87401	
i. Operator: <u>LRE OPERATING, LLC</u>	OGRID #: <u>281994</u>	
bes approval relieve the operator of its responsibility to co		pollution of surface water, ground water or the environment. 's rules, regulations or ordinances.
Instructions: Please submit one application (Form closed-loop system that only use above ground steel		quest. For any application request other than for a vaste removal for closure, please submit a Form C-144.
	Type of action: X Permit Closure	
	Loop System Permit or Closure Plan d steel tanks or haul-off bins and propose to imple	
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	to the appropriate NMOCD District Office.
Diotrice IV District IV	1220 South St. Francis Dr.	ground steel tanks or haul-off bins and propos to implement waste removal for closure, submi
1301 W. Grand Avenue, Artesia, NM 88210 District III	Department Oil Conservation Division	For closed-loop systems <i>that only use above</i>
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	State of New Mexico Energy Minerals and Natural Resources	Form C-144 CLE July 21, 20

OCD Approval: D Permit Application (including closure p	lan) 🗌 Closure Plan (only)	
OCD Representative Signature:	Approval Date: 3/21/13	
Title: Dist # Sepeniso	OCD Permit Number: 214623	
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. 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 <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		
<ul> <li>10.</li> <li>Operator Closure Certification:</li> <li>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.</li> </ul>		
Name (Print):	Title:	
Signature:	Date:	
e-mail address:	Telephone:	

## LRE OPERATING, LLC

## **DESIGN:** Closed Loop System – Flow tank during workover.

A ~100 bbl flow tank will be provided by Reliable Well Service, 512 W. Texas, Artesia, NM 88210, 575-748-1213. Contact person: Wille Morrison

## **OPERATIONS**:

The closed loop equipment will be installed on the well pad and inspected daily by the workover crew and any necessary maintenance performed. Any leak in the system will be repaired and/or contained immediately. OCD will be notified within 48 hours of any spill.

Remediation process will be started immediately.

## CLOSURE:

During workover operations, all cuttings & associated liquids will be hauled off to the disposal facility, CRI (Controlled Recovery Inc. Permit #R9166. Water will be hauled off to Westall Loco Hills Water Disposal permit #R-3221.