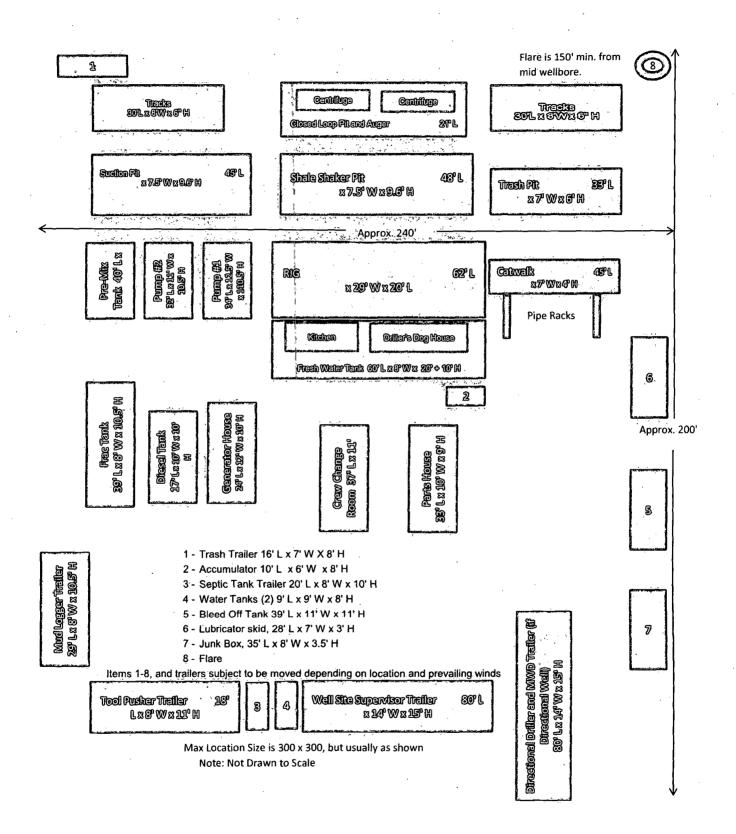
1625 N. French Dr., Hobbs, NM 88240	State of Ne Energy Minerals and			C-144 CLE d August 1, 20
District II 811 S. First St., Artesia, NM 88210	Depar		For closed-loop systems that only	usa ahova
<u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410	Oil Conserva	tion Division	ground steel tanks or haul-off bins	s and propos
District IV	1220 South S	t. Francis Dr.	to implement waste removal for cle to the appropriate NMOCD Distric	<i>osure</i> , submit t Office.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, N	VM 87505		
Classel	I	D 1	· · · · · · · · · · · · · · · · · · ·	
	Loop System Permit			
(that only use above grout			<u>ent waste removal for closure)</u>	
	Type of action: \mathbf{X}	Permit Closure		
Instructions: Please submit one application (F closed-loop system that only use above ground	steel tanks or haul-off bins and p	ropose to implement waste r	emoval for closure, please submit a F	Form C-144.
ease be advised that approval of this request does vironment. Nor does approval relieve the operation	or of its responsibility to comply v	y should operations result in with any other applicable gov	pollution of surface water, ground wat ernmental authority's rules, regulation	ter or the s or ordinance
Operator:LIME ROCK RESOURCES II	-A, L.P.	OGRID #:2	77558	
Address: Heritage Plaza, 1111 Bagby St.,				
Facility or well name: _Eagle 34 I Federal #	62			
API Number: 30 015-4128		<u>)</u>	14743	
		D Permit Number:		
	Township <u>T17S</u>		County: EDDY	
Center of Proposed Design: Latitude 32.789	25500N Lo	ngitude <u>104.2611084W</u>	NAD: 🕅 192	7 🗌 1983
Surface Owner: 🛛 Federal 🗋 State 🗋 Private	e 🔲 Tribal Trust or Indian Allo	tment		
Closed-loop System: Subsection H of 19	.15.17.11 NMAC			
Deration: 🛛 Drilling a new well 🗌 Workov	er or Drilling (Applies to activit	ies which require prior app	roval of a permit or notice of intent)	P&A
Above Ground Steel Tanks or X Haul-off			DEOENER	-1
		· · · · · · · · · · · · · · · · · · ·		
igns: Subsection C of 19.15.17.11 NMAC				
12"x 24", 2" lettering, providing Operator's	s name, site location, and emerge	ency telephone numbers	APR 23 2013	
,,,,,,,				.1
	AC		NMOCD ARTESIA	
X Signed in compliance with 19.15.16.8 NMA	AC		NMOCD ARTESIA	
		n B of 19.15.17.9 NMAC	NMOCD ARTESIA	
X Signed in compliance with 19.15.16.8 NMA Closed-loop Systems Permit Application Att Instructions: Each of the following items must	achment Checklist: Subsectio			
X Signed in compliance with 19.15.16.8 NMA <u>Closed-loop Systems Permit Application Att</u> <i>instructions: Each of the following items mu</i> <i>intached.</i>	achment Checklist: Subsections to the application	. Please indicate, by a che		
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<u>DCD Approva</u>l: Permit Application (includ	ling closure plan) 🗌 Closure Plan (only)	.1 1		
DCD Representative Signature:	Approva	al Date://_013		
Fitle: DOTA DENIS	<u>م</u>	1243		
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:			
	osure For Closed-loop Systems That Utilize Above Ground Steel ilities for where the liquids, drilling fluids and drill cuttings were a			
	Disposal Facility Permit Number:			
Disposal Facility Name:	Disposal Facility Permit Number:			
Vere the closed-loop system operations and assoc Yes (If yes, please demonstrate compliance	ciated activities performed on or in areas that <i>will not</i> be used for fut e to the items below) No	ture service and operations?		
Required for impacted areas which will not be use Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seedi				
Derator Closure Certification: hereby certify that the information and attachme	ents submitted with this closure report is true, accurate and complete	to the best of my knowledge and		
	h all applicable closure requirements and conditions specified in the			
lame (Print):	Title:			
	Title: Date:			
Name (Print):	Date:			
	Date:			
ignature:	Date:			

Lime Rock Resources II-A, L.P. Location Layout (Note: Not to Scale)

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