## Closed-Loop System Permit or Closure Plan Application

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 1220 S. St. Francis Dr., Santa Fe, NM 87505

Yes (If yes, please provide the information below) No

**Operator Application Certification:** 

Signature:

e-mail address:

Required for impacted areas which will not be used for future service and operations:

Name (Print):

## 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.

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

| Type of action: Permit \( \sum \) Closure   | emovar jor crosurej   |  |  |  |
|---|---|--|--|--|
| Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application (seed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for continuous | plication request other than for a<br>losure, please submit a Form C-144. |  |  |  |
| lease be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface oes approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations  |   |  |  |  |
| Decretor:         LRE OPERATING, LLC         OGRID #: 281994  |   |  |  |  |
| Address: c/o Mike Pippin LLC, 3104 N. Sullivan, Farmington, NM 87401  | <del></del>   |  |  |  |
|   |   |  |  |  |
| Facility or well name: WILLIAMS B FEDERAL #1  API Number: 30-015-35627 OCD Permit Number: 214411  |   |  |  |  |
| U/L or Qtr/Qtr E Section 29 Township 17-S Range 28-E County:  |   |  |  |  |
| Center of Proposed Design: Latitude Longitude   |   |  |  |  |
| Surface Owner: Federal State Private Tribal Trust or Indian Allotment   | NAD. []1927 [] 1963   |  |  |  |
| Surface Owner: A Federal A State Frivate Frivate Fribal Trust of Indian Allotment   |   |  |  |  |
| <ul> <li>✓ Closed-loop System: Subsection H of 19.15.17.11 NMAC</li> <li>Operation: ☐ Drilling a new well ✓ Workover or Drilling (Applies to activities which require prior approval of a p ☐ Above Ground Steel Tanks or ☐ Haul-off Bins</li> <li>3.</li> <li>Signs: Subsection C of 19.15.17.11 NMAC</li> <li>☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers</li> <li>✓ Signed in compliance with 19.15.3.103 NMAC</li> </ul>  | P&A  RECEIVED  AUG 1 6 2013  NMOCD ARTESIA                                |  |  |  |
| 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 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.  Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only  | 9 NMAC and 19.15.17.13 NMAC   |  |  |  |
| Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Ufacilities are required.  |   |  |  |  |
| Disposal Facility Name: Disposal Facility Permit Number:  |   |  |  |  |
| 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?

Title:

Date: \_\_\_\_

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 Lef 19.15.17.13 NMAC

I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.

Telephone:

☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

| 7. OČD Approval: Permit A  | pplication (including closure plan) 🚺 Clo  | sure Plan (only)  |   | •   |
|--|--|---|---|---|
| OCD Representative Signatur  | e: Allert  |   | Approval D                                | Pate: 1925/13                                     |
|  |  |   | nber:21441                                | 1   |
| 8. Closure Report (required with Instructions: Operators are red The closure report is required t      | nin 60 days of closure completion): Subsquired to obtain an approved closure plan o be submitted to the division within 60 deproved closure plan has been obtained and | prior to implementing any arys of the completion of the the the closure activities have | closure activities<br>closure activities. | Please do not complete this                       |
| 9,<br>Clasura Papart Pagarding Wa  | note Democral Cleanure For Cleand Ion S  |   |   |   |
|  | aste Removal Closure For Closed-loop St<br>the facility or facilities for where the liquid   |   |   |   |
| •  | CRI (Controlled Recovery Inc.)   | Disposal Facility Perm  | nit Number:                               | R-9166  |
|  | Westall Loco Hills Water Disposal  | -   |   |   |
| Were the closed-loop system op   | erations and associated activities performents are compliance to the items below)  | d on or in areas that will no   |   | · · · · · · · · · · · · · · · · · · ·             |
| ☐ Site Reclamation (Photo ☐ Soil Backfilling and Cover   |  | operations:   |   |   |
| Operator Closure Certification I hereby certify that the informate belief. I also certify that the clo | n: tion and attachments submitted with this cl sure complies with all applicable closure re  | osure report is true, accurat   | e and complete to<br>specified in the ap  | the best of my knowledge and proved closure plan. |
| Name (Print): Mike Pi  | ppin   | Title: Petrole  | um Engineer - Age                         | <u>nt</u>   |
| Signature:   | Meho Lippin  | Date:   | August 10, 20                             | 013   |
| e-mail address: mike@  | Dpippinllc.com   | Telephone:  | 505-327-4573                              |   |

## LRE OPERATING, LLC PIT CLOSURE

## **CLOSURE**:

During workover operations, all solids and cuttings were hauled off by CLS to their disposal facility, Permit #R-9166.

All liquids were hauled to Westall Loco Hills Water Disposal. Permit #R-3221. The closed loop equipment was inspected daily by the rig crew. There were no leaks or spills during the workover operations. The closed-loop system was on the wellpad.