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 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

July 21, 2008 For closed-loop systems that only use above

Form C-144 CLEZ

ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application (that only use 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: BOPCO, L.P. OGRID: 260737 Address: P.O. Box 2760, Midland, Texas 79702 Facility or well name: North Indian Flats "19" Federal 1 API Number: 30-015-37847 OCD Permit Number: U/L or Otr/Otr D Section 19 Township 21 S Range 29 E County: Eddy Center of Proposed Design: Latitude N 32.469825 Longitude W -104.029258 NAD: □1927 ⊠ 1983 Surface Owner: 🛛 Federal 🗌 State 🔲 Private 🔲 Tribal Trust or Indian Allotment **Closed-loop System:** Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ Above Ground Steel Tanks or ☐ Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC DEC 0 9 2010 2 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers ☑ Signed in compliance with 19.15.3.103 NMAC NIMOCD 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 the box, that the documents are 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 indentify 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: **R-9166** 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?  $\square$  Yes (If yes, please provide the information below)  $\boxtimes$  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): CK Jenkins Title: Asst Division Drilling Supervisor

mail address: CKJenkins@basspet.com

Signature:

7.  OCD Approval: Permit Application (including closure plan)  Closure Plan (only)	
OCD Representative Signature:	Approval Date: 05//2/201/
Title: DIST HSOPWISOR	Approval Date: 05/12/2011  OCD Permit Number: 2/1495
8. 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:	
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	
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:	
e-mail address:	Telephone:

# BOPCO, L.P. North Indian Flats "19" Federal 1 Section 19, T-21-S, R-29-E Eddy County, NM

API#

#### OPERATING AND MAINTENANCE PLAN

Closed Loop equipment will be inspected and monitored closely on a daily basis by each tour and any necessary maintenance performed. Any leak in the system will be repaired and/or contained immediately. Within 48 hours should a spill, release or leak occur, the NMOCD District II office in Artesia (575-748-1283) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur. This is in accordance with the reporting requirements specified in NMOCD's Rule 116.

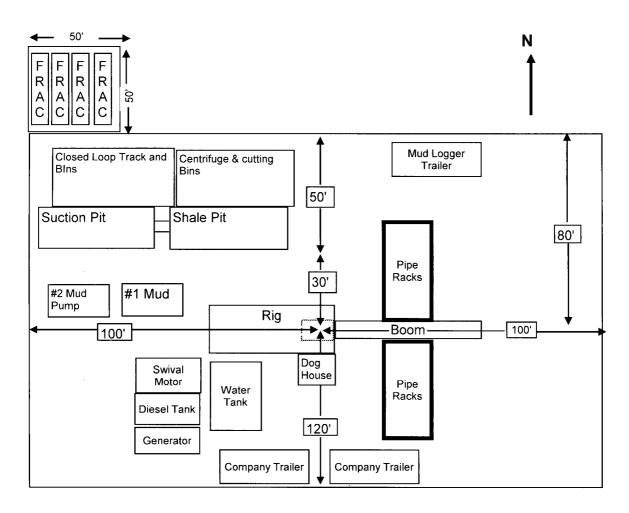
#### CLOSURE PLAN

During and after drilling operations, liquids (which apply), all drill cuttings and drilling fluids will be hauled and disposed of at CRI (Controlled Recovery Incorporated - Permit R-9166).

# North Indian Flats 19 Fed #1 Exhibit "D"



#### BOPCO, L.P RIG LAYOUT SCHEMATIC INCLUSIVE OF CLOSED-LOOP DESIGN PLAN CAPSTAR TYPE RIG



V-Door East



## SPORT ENVIRONMENTAL SERVICES

502 N. Big Spring Street, Midland, Texas 79701 Business: 432.683.1100 Fax: 888.500.0622

December 7, 2010

Mr. Randy Dade State of New Mexico Oil Conservation Division 1301 W. Grand Avenue Artesia, NM 88210

Re: NMOCD Form C-144 CLEZ BOPCO, L.P. North Indian Flats "19" Federal 1 Section 19, T-21-S, R-29-E Eddy County, New Mexico RECEIVED

DEC 0 9 2010

NMOCD ARTESIA

Dear Randy,

Enclosed please find NMOCD Form C-144 CLEZ and associated documents for the aforementioned site.

If you have any questions or comments with regard to this matter, please contact me at my office (432.683.1100).

Sincerely,

Tasha Finley

Regulatory Compliance Manager

Enclosure: Form C-144 CLEZ

cc: BOPCO, L.P.

P. O. Box 2760 Midland, TX 79702