

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

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 NMOC 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.

1  
Operator Energen Resources Corporation OGRID # 162928  
Address: 2010 Afton Place, Farmington, NM 87401  
Facility or well name: Carracas 12A #1 H  
API Number: 30-039-30825 OCD Permit Number \_\_\_\_\_  
U/L or Qtr/Qtr I Section 12 Township 32N Range 5W County Rio Arriba  
Center of Proposed Design: Latitude 36.99267 N Longitude 107.30584 W NAD ☐ 1927 ☒ 1983  
Surface Owner ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2  
☒ **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) ☐ P&A  
☐ Above Ground Steel Tanks or ☒ Haul-off Bins

3  
**Signs:** 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  
RCVD MAR 2 '12  
OIL CONS. DIV.  
DIST. 3

4  
**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 \_\_\_\_\_

5  
**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 \_\_\_\_\_ 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?  
☐ 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

6  
**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) \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
e-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

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OCD Approval: ☐ Permit Application (including closure plan) ☒ Closure Plan (only)OCD Representative Signature: Jon D. KellyApproval Date: 3/05/2012Title: Compliance Officer

OCD Permit Number: \_\_\_\_\_

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**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: 6/12/11

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**Closure Report 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: IEI/JFJ Landfarm Disposal Facility Permit Number NM-01-0010B

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

10

**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): Anna StottsTitle: Regulatory AnalystSignature: Anna StottsDate: 2/16/12e-mail address: astotts@energen.comTelephone: 505-324-4154

Submit to Appropriate District Office Five Copies District I 1625 N French Dr, Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr, Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>OIL CONSERVATION DIVISION</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	<b>Form C-105</b> July 17, 2008  1. WELL API NO. <b>30-039-30825</b> 2. Type Of Lease <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED/INDIAN 3 State Oil & Gas Lease No.																		
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>																				
4 Reason for filing  <input type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only) <input checked="" type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19 15 17 13 K NMAC)		5 Lease Name or Unit Agreement Name <b>Carracas 12A</b>  6 Well Number <b># 1H</b>																		
9 Type of Completion <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER <b>closed loop closure</b>																				
8 Name of Operator <b>Energex Resources Corporation</b>		9 OGRID Number <b>162928</b>																		
10 Address of Operator <b>2010 Afton Place, Farmington, NM 87401</b>		11 Pool name or Wildcat <b>Basin Fruitland Coal</b>																		
12 Location	Unit Letter	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County										
Surface	I	12	32N	R05W																
BH																				
13 Date Spudded		14 Date T D Reached		15 Date Rig Released <b>6/12/11</b>		16 Date Completed (Ready to Produce)		17 Elevations (DF & RKB, RT, GR, etc )												
18 Total Measured Depth of Well				19 Plug Back Measured Depth		20 Was Directional Survey Made		21 Type Electric and Other Logs Run												
22 Producing Interval(s), of this completion - Top, Bottom, Name																				
<b>23. CASING RECORD (Report all strings set in well)</b>																				
CASING SIZE		WEIGHT LB /FT		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED										
<b>24. LINER RECORD</b>						<b>25. TUBING RECORD</b>														
SIZE	TOP	BOTTOM		SACKS CEMENT		SCREEN		SIZE	DEPTH SET	PACKER SET										
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">DEPTH INTERVAL</th> <th style="width:50%;">AMOUNT AND KIND MATERIAL USED</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED								
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED																			
<b>28 PRODUCTION</b>																				
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)						Well Status (Prod or Shut-in)												
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl	Gas - Oil Ratio													
Flow Tubing Press	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl	Gas - MCF	Water - Bbl	Oil Gravity - API -(Corr )														
29 Disposition of Gas (Sold, used for fuel, vented, etc )								30 Test Witnessed By												
31 List Attachments																				
32 If a temporary pit was used at the well, attach a plat with the location of the temporary pit																				
33 If an on-site burial was used at the well, report the exact location of the on-site burial																				
Latitude				Longitude				NAD: 1927 1983												
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Signature  Printed Name <b>Anna Stotts</b> Title <b>Regulatory Analyst</b> Date <b>2/16/12</b> E-mail address <b>astotts@energex.com</b>																				