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

Form C-144 CLEZ

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.

## 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: Yates Petroleum Corporation OGRID #: 025575  |  |
| Address: 105 South Fourth Street, Artesia, New Mexico 88210  |  |
| Facility or well name: Shocker SWD #1  |  |
| API Number: 30-0/5-39470 OCD Permit Number. 212022   |  |
| U/L or Qtr/Qtr A Section 32 Township 25S Range 29E County: Eddy  |  |
| Center of Proposed Design: Latitude N 32.090703 Longitude W 104.001069 NAD: ☐ 1927 ☐ 1983  |  |
| Surface Owner   Federal  State   Private  Tribal Trust or Indian Allotment   |  |
| 2. N. C. A. L. C. A. C. C. A. C. C. A. C.  |  |
| Closed-loop System: Subsection H of 19.15.17.11 NMAC   |  |
| Operation: Drilling a new well Workover of Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A  Above Ground-Steel Tanks of Haul-off Bins.   |  |
| Reminer in grant, not given where a fill are be used for fail and not call appropriate.  |  |
| Biglis. Subsection of the first |  |
| 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers SEP. 2.9 2011  |  |
| Signed in compliance with 19 15.3.103 NMAC   |  |
| Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.1759 NMAC 23. 1847.1  |  |
| 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 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 of Control of the disposal of the disposal of the disposal facility Remit Number. NIM 01 0010  |  |
| facilities are required.   |  |
| Disposai Facility Name. Oalidy Maney Disposai Facility Ferriti Number. Nivi-01-0019  |  |
| Disposal Facility Name: <u>CRI Marketter CRI Marketter</u> Disposal Facility Permit Number: <u>R-9166</u> Disposal Facility Permit Number: <u>WM-1-035</u>   |  |
| Disposal Facility Name: Lea Land Farm Disposal Facility Permit Number: WM-1-035  |  |
| Disposal Facility Name: Sundance Services Inc.  Disposal Facility Permit Number: NM-01-0003  |  |
| 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:    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 = 1.00   1.00   |  |
| 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) 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   | d complete to the best of my knowledge and belief.  |
| Name (Pfint): Monti-Sanders   | Title: Land Regulatory Technician   |
| Signature: Muladers   | Date: <u>9/28/11</u>  |
| e-mail address: montis@yatespetroleum.com   | Telephone: <u>575-748-4244</u>  |
| OCD Approval: Permit Application (including closure plan) Closure Plan (or  | ly)   |
| OCD Representative Signature:   | Approval Date: <u>/0/04/20//</u>  |
| Title: D157 St Spews& oct   | Permit Number: 212022   |
| 8.  Closure Report (required within 60 days of closure completion): Subsection K of 1  Instructions: Operators are required to obtain an approved closure plan prior to imple   |   |
| The closure report is required to be submitted to the division within 60 days of the con  |   |
| section of the form until an approved closure plan has been obtained and the closure  |   |
|   | 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 |   |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fl  |   |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fl two facilities were utilized.  | uids and drill cuttings were disposed. Use attachment if more than  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:osal Facility Permit Number:  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:osal Facility Permit Number:  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:osal Facility Permit Number:  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:osal Facility Permit Number:  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:  osal Facility Permit Number:  osal Facility Permit Number:  as that will not be used for future service and operations? |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fletwo facilities were utilized.  Disposal Facility Name:   | osal Facility Permit Number:  osal Facility Permit Number:  osal Facility Permit Number:  as that will not be used for future service and operations? |

Telephone: \_

, ,

e-mail address:

## Yates Petroleum Corporation Closed Loop System

# Equipment Design Plan

Closed Loop System will consist of:

- 1 double panel shale shaker
- 1 (minimum ) Centrifuge, certain wells and flow rates may require 2 centrifuges On certain wells, the Centrifuge will be replaced by a Clackco Settling Tank System
- 1 minimum centrifugal pump to transfer fluids
- 2-500 bbl. FW Tanks
- 1 500 bbl. BW Tank
- 1 half round frac tank 250 bbl. capacity as necessary to catch cement / excess mud returns generated during a cement job.
- 1 Set of rail cars / catch bins

Certain wells will use an ASC Auger Tank

### Operation Plan

All equipment will be inspected at least hourly by rig personnel and daily by contractors' personnel.

Any spills / leaks will be reported to YPC, NMOCD, and cleaned up without delay.

#### Closure Plan

Drilling with Closed Loop System, haul off bins will be taken to Gandy Marley, Lea Land Farm, CRI or Sundance Services Inc.