# 1625 N French Dr., Hobbs, NM 88240 District II

811 S. First St., Artesia, NM 88210 District III

# State of New Mexico Energy Minerals and Natural Resources

HOBBS OCD Department

Oil Conservation Division District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 MAR 21 2013 1220 South St. Francis Dr.

Form C-144 CLEZ Revised August 1, 2011

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 g	ground steel tanks o	r haul-off bins and	l propose to imp	lement waste remova	l for closure)
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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						
operator: LINN Operating, Inc.	OGRID#: <u>269324</u>					
Address: 600 Travis Street, Suite 5100 Houston, Texas 77002						
Facility or well name: North Benson Queen Unit #021	Accepted for the code					
API Number: 30-015-04551 OCD Permit Number:	MASCO					
U/L or Qtr/Qtr N Section 27 Township 18S Range 30E County: Eddy						
Center of Proposed Design: Latitude <u>32.7130262658461</u> Longitude <u>-103.961942418594</u> NAD: <u></u>						
Surface Owner: X Federal X State T Private T Tribal Trust or Indian Allotment						
Closed-loop System: Subsection H of 19.15.17.11 NMAC						
	which require prior approval of a permit or notice of intent). $\boxtimes P \& A$					
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						
Closed-loop Systems Permit Application Attachment Checklist: Subsection B Instructions: Each of the following items must be attached to the application. F attached.  □ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMA □ Operating and Maintenance Plan - based upon the appropriate requirements □ Closure Plan (Please complete Box 5) - based upon the appropriate requirements □ 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	Clease indicate, by a check mark in the box, that the documents are  AC of 19.15.17.12 NMAC nents of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  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, facilities are required.	drilling fluids and drill cuttings. Use attachment if more than two					
	sal Facility Permit Number: NM01-0019					
Disposal Facility Name: Gandy-Marley Disposal Disposal Disposal	sal Facility Permit Number: NM01-0003					
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:  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 G 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:  Learner of the information submitted with this application is true, accurately that the information submitted with this application is true, accurately that the information submitted with this application is true, accurately that the information submitted with this application is true, accurately that the information submitted with this application.	ate and complete to the best of my knowledge and belief					
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): Terry B. Callahan  Signature: Date: 3/19/2013						
e-mail address: TCallahan@linnenergy.com  Telephone: 281-840-4272						

OCD Approval: Permit	Application (including closure plan) 🛛 Closu	re Plan (only) No Record of Permit Filed
OCD Representative Signat	ure:Accepted for record	Approval Date:
Title:	NMOCD	OCD Permit Number:
Instructions: Operators are to The closure report is required		rior to implementing any closure activities and submitting the closure report.  s of the completion of the closure activities. Please do not complete this
		Closure Completion Date: 3/8/2013
Instructions: Please indentif two facilities were utilized.	y the facility or facilities for where the liquids,	tems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: drilling fluids and drill cuttings were disposed. Use attachment if more than
	A LAND, LLC Disposal Facility Permit Nur	
Disposal Facility Name:		Disposal Facility Permit Number:
	operations and associated activities performed of onstrate compliance to the items below) \(\simega\) N	on or in areas that will not be used for future service and operations?
Site Reclamation (Phot		erations:
10. Operator Closure Certificat	ion	
I hereby certify that the inforr belief. I also certify that the c	mation and attachments submitted with this closelosure complies with all applicable closure requ	sure report is true, accurate and complete to the best of my knowledge and uirements and conditions specified in the approved closure plan.
Name (Print): TERRY	B. Callahan	Title: Begulatory Specialist 111
Signature: Kry	B. Callahan	
e-mail address: +ca	llahan@linnenerau.c	om Telephone: 281-840-4272

Accepted for record NMOCD

## LINN OPERATING, INC.

#### **NORTH BENSON QUEEN UNIT #021**

UNIT N, SEC 27, T-18-S, R-30-E

**EDDY COUNTY, NM** 

API#: 30-015-04551

Item #4 Form C-144 CLEZ Attachment

## **Equipment & Design:**

LINN Operating, Inc. will use a closed loop system in the plugging and abandoning of this well. The following equipment will be on location:

(1) 500 bbl steel tank

## **Operations & Maintenance**

During each day of operation, the rig's crew will inspect and closely monitor the fluids contained within the steel tank and visually monitor any release that may occur. Should a release, spill or leak occur, the NMOCD District 1 office Hobbs (575-393-6161) will be notified, as required in the NMOCD's rule 19.15.29.8.

## Closure

After plugging and abandoning, fluids and solids will be hauled and disposed at CRI's (Control Recovery Inc.) location, permit number NM 01-0019. Secondary site will be Gandy-Marley Disposal, permit number NM 01-0006.