District I 1625 N. French Dr., Hobbs, NM 88240 District II 1010 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM-87505 Pistrict IV 1220 S. St. Francis Dr., Santa Fe, NM-87505	State of New Mexico Minerals and Natural Resources Department I Conservation Division 20 South St. Francis Dr. Santa Fe, NM 87505	Form C-144 CLE2 Revised August 1, 2013 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 Syste	em Permit or Closure Plan A	Application
(that only use above ground steel tanks of		ent waste removal for closure)
Type of Instructions: Please submit one application (Form C-144 CLE) closed-loop system that only use above ground steel tanks or had Please be advised that approval of this request does not relieve the o environment. Nor does approval relieve the operator of its responsit	ul-off bins and propose to implement waste i perator of liability should operations result in	removal for closure, please submit a Form C-144.
1. Operator: <u>Legacy Reserves Operating LP</u>	OGRID #:	240974
Address: <u>PO Box 10848, Midland, TX 79702</u>		
Facility or well name: <u>Raptor State #1</u>		
API Number: <u>30-015-33701</u>	OCD Permit Number	13768
U/L or Qtr/Qtr Section Towns		
Center of Proposed Design: Latitude		
		NAD: [1927 [] 1965
Surface Owner: 🗌 Federal 🛛 State 🗌 Private 🗌 Tribal Trus		
Operation: Drilling a new well Workover or Drilling (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 loca Signed in compliance with 19.15.16.8 NMAC		RECEIVED JAN 0 9 2013
4. Closed-loop Systems Permit Application Attachment Check	list. Subsection B of 19 15 17 9 NMAC	NMOCD ARTESIA
Instructions: Each of the following items must be attached to attached. ☑ Design Plan - based upon the appropriate requirements of Operating and Maintenance Plan - based upon the approx ☑ Operating and Maintenance Plan - based upon the approx ☑ Closure Plan (Please complete Box 5) - based upon the approxed Design (attach copy of design)	the application. Please indicate, by a ch f 19.15.17.11 NMAC priate requirements of 19.15.17.12 NMAC	neck mark in the box, that the documents are C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Waste Removal Closure For Closed-loop Systems That Util		
Instructions: Please indentify the facility or facilities for the facilities are required.		ll cuttings. Use attachment if more than two
Instructions: Please indentify the facility or facilities for the facilities are required. Disposal Facility Name: <u>R360 Environmental Solutions, Inc.</u>	Disposal Facility Per	mit Number: <u>NM-01-0006</u>
Instructions: Please indentify the facility or facilities for the facilities are required. Disposal Facility Name: <u>R360 Environmental Solutions, Inc.</u> Disposal Facility Name: Will any of the proposed closed-loop system operations and as:	Disposal Facility Per Disposal Facility Per Sociated activities occur on or in areas that	mit Number: <u>NM-01-0006</u> mit Number:
Instructions: Please indentify the facility or facilities for the facilities are required. Disposal Facility Name: <u>R360 Environmental Solutions, Inc.</u> Disposal Facility Name:	Disposal Facility Perr Disposal Facility Perr sociated activities occur on or in areas that o service and operations: upon the appropriate requirements of Subse- ments of Subsection I of 19.15.17.13 NMA	mit Number: <u>NM-01-0006</u> mit Number: <u></u> will not be used for future service and operations? section H of 19.15.17.13 NMAC
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7. OCD Approval: Permit Application (including closure pl	an) Closure Plan (only)
OCD Representative Signature:	Approval Date: 1/9/13
Title: DIST IL SUDAN 652	OCD Permit Number: 2/3768
	losure plan prior to implementing any closure activities and submitting the closure report. within 60 days of the completion of the closure activities. Please do not complete this
	osed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ere the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name: <u>R360 Environmental So</u>	Iutions, Inc Disposal Facility Permit Number: <u>NM-01-0006</u>
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activiti Yes (If yes, please demonstrate compliance to the items	es performed on or in areas that <i>will not</i> be used for future service and operations? below) 🔯 No
Required for impacted areas which will not be used for future : Site Reclamation (Photo Documentation) Soil Backfilling and Cover. Installation Re-vegetation Application Rates and Seeding Technique	
	I with this closure report is true, accurate and complete to the best of my knowledge and le closure requirements and conditions specified in the approved closure plan.
Name (Print): KEVIN BRACEY	Title: OPERATIONS SUPERINTENDENT
Signature: An Share	Date: 04/24/2013
e-mail address:	Telephone: 432-689-5200

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Legacy Reserves Operating, LP Raptor State #1 Unit M , Sec. 21, T17S, R28E Eddy County, New Mexico API#: 30-015-33301

Equipment and Design:

Legacy Reserves Operating, LP will use a closed loop system in this workover. The following equipment will be on location:

1) 250 bbl steel tank.

Operation and Maintenance:

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

Closure:

After the workover is completed, fluids and solids will be hauled and disposed at R360 Environmental Solutions, Inc. disposal location, permit number NM-01-0006.

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