

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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
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 ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☐ Permit ☒ Closure

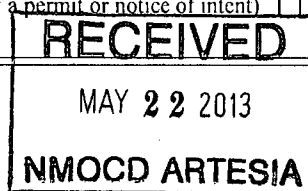
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

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: ALAMO PERMIAN RESOURCES, LLC OGRID #: 274841
Address: 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701
Facility or well name: COWTOWN UNIT 202
API Number: 30-015-41018 OCD Permit Number: 214012
U/L or Qtr/Qtr M Section 13 Township 18S Range 28E County: EDDY
Center of Proposed Design: Latitude 32.4434993 Longitude 104.0809030 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 19.15.16.8 NMAC



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: CRI Disposal Facility Permit Number: R9166
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): CARIE STOKER Title: REGULATORY AFFAIRS COORDINATOR
Signature: Carie Stoker Date: 2/06/2013
e-mail address: cstoker@helmsoil.com Telephone: 432 664 7659

7. **OCD Approval:** ☒ Permit Application (including closure plan) ☐ Closure Plan (only)
OCD Representative Signature: RL Wade Approval Date: 2/21/03
Title: Dst # Spewison OCD Permit Number: 214012

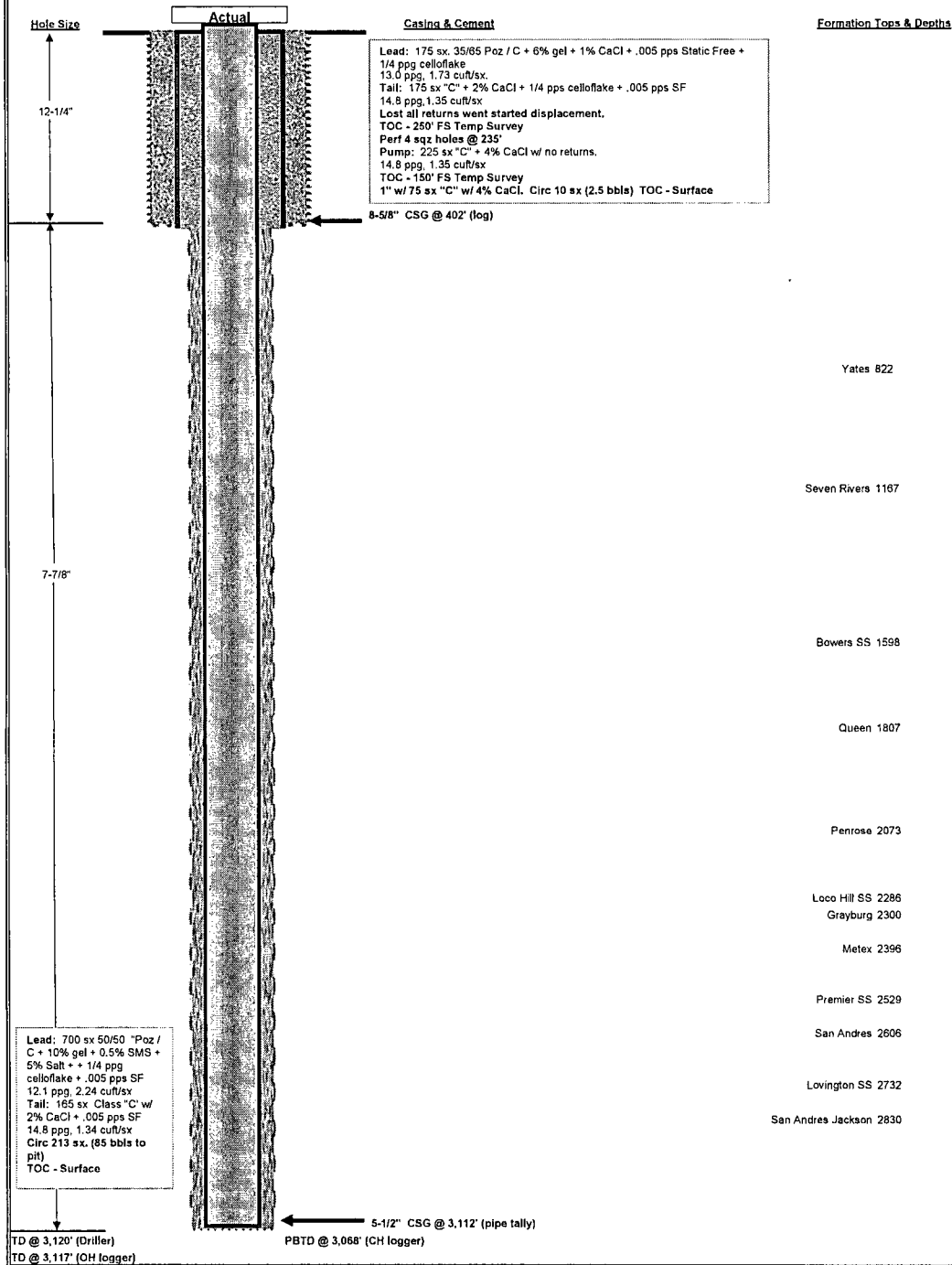
8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC
Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted 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: 5/4/13

9. **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: CRT Disposal Facility Permit Number: R91660
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): _____ Title: _____
Signature: _____ Date: _____
e-mail address: _____ Telephone: _____

**Alamo Permian Resources
Actual Wellbore Diagram**

WELL NAME:	Cowtown #202			FIELD:	Artesia (Qn-Grbg-SA)		
LOCATION:	760' FSL & 810' FWL, Sec 13, T-18-S, R-28-E - Unit M			COUNTY:	Eddy	STATE:	NM
ELEVATION:	GL = 3543' KB = 3555' (12' KB Corr)			Lat 32° 44' 34.993" N, Long 104° 08' 09.030" W	SPUD DATE:	3/11/2012	COMP DATE:
API#	30-015-4101R			PREPARED BY:	M Stewart		
	DEPTH	HOLE SIZE	SIZE	WEIGHT	GRADE	THREAD	CEMENT / TOC
CASING:	402	12-1/4"	8-5/8"	24 #	J-55	ST&C	175 sx lead, 175 sx tail, TOC @ 250'. Perf @ 235'. Sqz w/ 225 sx. TOC @ 150'. 1" w/ 75 sx. Circ 10 sx. TOC Surface
CASING:	3112	7-7/8"	5-1/2"	17 # LS	J-55	LT&C	700 sx lead, 165 sx tail, Surface. Circ 213 sx.
CASING:							
TUBING:							
TUBING:							



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District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-41018	² Pool Code 3230	³ Pool Name Artesia J-Q-G-SA
⁴ Property Code 308878	⁵ Property Name COWTOWN	⁶ Well Number 202
⁷ UGRID No. 274841	⁸ Operator Name ALAMO PERMIAN RESOURCES, LLC	⁹ Elevation 3542.8

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	13	18 S	28 E		760	SOUTH	810	WEST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<p>W/4 CORNER SEC. 13 LAT. = 32°44'53.546"N LONG. = 104°08'18.545"W</p> <p>SW CORNER SEC. 13 LAT. = 32°44'27.357"N LONG. = 104°08'18.498"W</p> <p>COWTOWN 202 ELEV. = 3542.8' LAT. = 32°44'34.993"N (NAD83) LONG. = 104°08'09.030"W</p> <p>S/4 CORNER SEC. 13 LAT. = 32°44'27.726"N LONG. = 104°07'48.395"W</p> <p>810' 760'</p> <p>SURFACE LOCATION</p> <p>N89°03'46"E 2572.05 FT</p>	<p>¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or in a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Carie Stoker 2/13/13 Signature Date Carie Stoker Printed Name cstoker@holmsci.com E-mail Address</p> <p>¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>JUNE 13 2013 Date of Survey</p> <p> Signature and Seal of Professional Surveyor Certificate Number: 1143 SURVEY NO. 1143</p>
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