State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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)

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.

Address: P.O. Box 50250 M: 3 Land TX 29710 Pacifity or well name: Poken Lake 32 State HT API Number: 30-015-271[17] OCD Permit Number: A12452 UfL or QitrQit Section 32 Township 235 Range 31 E County: Eddy Center of Proposed Design: Lindied 53.242613 Longitude 103.50555 NAD: [] 1983 Surface Owner: Federal @ State Private Tribul Tristor Indian Allotternt	Derator: OKY USA INC.	OGRID #: 1669	6	
Facility or well name: Poken Lake 32 State #T API Number: 30-05-2T(1) OCD Permit Number: A12452 U/L or Qin/Qit Section 32 Township 235 Range 31E County: Eddy Center of Proposed Design: Linitude 33. A25. Range 31E County: Eddy Center of Proposed Design: Linitude 33. A25. Longitude D3. SOSTS NAD: [1927] 1983 Surface Owner: Prederal State Private Tribal Trust or Indian Allotment Private Tribal Trust or Indian Allotment Closed-loop System: Surface Owner: Indian Allotment Previous P	Address: P.O. Box 50250 Milling TX 29710			
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□ Closed-loop System: Subsection H of 19.15.17.11 NMAC □ porting a new well □ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) □ P&A □ Move Ground Steel Tanks or □ Haul-off Bins □ Signas: Subsection C of 19.15.17.11 NMAC □ CT 2 5 2013 □ D'2 X 2 ⁴⁺ , 2 ⁺ tettering, providing Operator's name, site location, and emergency telephone numbers □ DCT 2 5 2013 □ Signed in compliance with 19.15.16 8 NMAC NMOCD ARTECINA * Closed-loop System 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 □ Deparating and Maintenance Plan > based upon the appropriate requirements of 19.15.17.12 NMAC □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Suposal Facility Name: □ Disposal Facility Permit Number: □ Suposal Facility Name: □ Disposal Facility Permit Number: □ Disposal Facility Name: □ Disposal Facility Permit Number: □ Disposal Facility Name: □ Dispo				
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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):	6. Operator Application Certification:			
Signature: Date:		rate and complete to the best of my ki	nowledge and belief.	
Signature: Date:				
e-mail address:	Signature:	Date:		

<u>OCD Approva</u>l: Permit Application (including closure plan) Closure Plan (
OCD Representative Signature:	Approval Date: 10/25/13	
	D Permit Number: 212452	
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: <u> 4[4[12]</u>		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems Tha</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, drilling j</i> <i>two facilities were utilized.</i> Disposal Facility Name: <u>Control Recover Inc. R360</u> Dis	fluids and drill cuttings were disposed. Use attachment if more than	
	sposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) I 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		
 <u>Operator Closure Certification</u>: I hereby certify that the information and attachments submitted with this closure report belief. I also certify that the closure complies with all applicable closure requirements 		
Name (Print): Druid Stewart	Title: Sp. Regulatory Advisor	
Signature:	Date: 10(22(13	
e-mail address: david_Stewant@DKY.Com	Telephone: 432-695-5717	
11. OCD Closure Review: Closure Approved (upon approved closure plan) Closure Denied	Denial Date:	
OCD Representative Signature:	Approval Date:	
Title: OC	OCD Permit Number:	

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