<u>District I</u> 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 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.

Form C-144 CLEZ July 21, 2008

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

Santa Fe, NM 87505

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: X 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.

	fliability should operations result in pollution of surface water, ground water or the comply with any other applicable governmental authority's rules, regulations or ordinances.	
i. Operator: RKI Exploration and Production, LLC	OGRID#: 246289	
Address: 210 Park Avenue, Suite 900, Oklahoma City, OK 73102	3 3 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Facility or well name: RDX Federal 19-14		
API Number: 30-015- 41256	OCD Permit Number: 214 20 Z	
U/L or Qtr/Qtr: A Section: 19 Township: 26S	Range: 30E County: Eddy	
Center of Proposed Design: Latitude 32°02'02.47"N	Longitude 103°54'54.26"W NAD: ☐ 1927 🗓 1983	
Surface Owner: X Federal State Private Tribal Trust or India	n Allotment	
X Closed-loop System: Subsection H of 19.15.17.11 NMAC		
Operation: X Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) R&A		
Above Ground Steel Tanks or X Haul-off Bins	activities which require prior approvar or a periant or longer of initiality in the A	
3.	APR 0 8 2013	
Signs: Subsection C of 19.15.17.11 NMAC 1-2"x 24", 2" lettering; providing Operator's name, site location; and	emergency telephone numbers NMOCD ARTES A	
Signed in compliance with 19.15.3.103 NMAC	energency telephone numbers	
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: Subsection B of 19.15.17.9 NMAC Number: Previously Approved Design (attach copy of design) API Number: Subsection B of 19.15.17.9 NMAC		
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: Controlled Recovery Incorporated (CRI)	Dimagal Facility Downit Numbers, D. 0166	
Disposal Facility Name:	Disposal Facility Permit Number: R-9166 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 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): Barry W. Hunt	Title: Permitting Agent for RKI Exploration & Production, LLC.	
Signature: Bayw. Aut	Date: 2/20/13	
e-mail address: specialtpermitting@gmail.com	Telephone: 575-361-4078	
Form C-144 CLEZ Oil Co	onservation Division Page 1 of 2	

7. OCD Approval: Permit Application (including closure plan) Closure P	lan (only)	
OCD Representative Signature:	Approval Date: 4/15/13	
Title: DST HODEWSC	OCD Permit Number: 214202	
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:		
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drit two facilities were utilized.		
Disposal Facility Name:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No	r in areas that will not be used for future service and operations?	
Required for impacted areas which will not be used for future service and operat Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:	
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure requirer		
Name (Print):	Title:	
Signature:	Date:	
e-mail address:	Telephone:	