<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240 District 11 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 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

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.

Form C-144 CLEZ

July 21, 2008

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

1.						
Operator: Murchison Oil & Gas, Inc. OGRID #. 15363						
Address: 1100 Mira Vista Boulevard, Plano, Texas 75093-4698 RECEIVED						
Facility or well name: VANDIVER FEE #1H AUG 13 2012						
API Number: 30-015-40589 OCD Permit Number: 2/3314						
U/L or Qtr/Qtr H Section 17 Township 18S Range 26E County: Eddy NMOCD ARTESIA						
Center of Proposed Design: Latitude <u>32°44'56.411" N</u> Longitude <u>104°23'47.266" W</u> 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 19.15.3.103 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:						
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: R360 Disposal Facility Permit Number: R9166/NM-01-0006						
Disposal Facility Name: GMI Disposal Facility Permit Number: 711-019-001/NM-01-0019						
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						

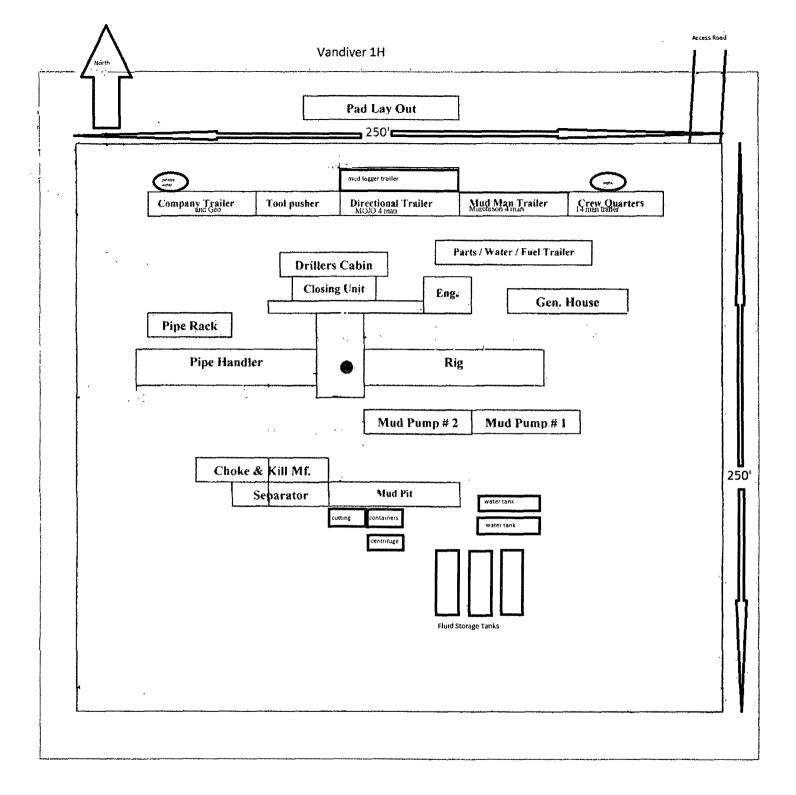
Signature: c-mail address: isteckford@idmil.com Telephone: (972) 931-0700 TOCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature: Approval Date: 8/14/12 Title: OCD Permit Number: Z/3 31 Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure peror 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 Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify 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: Disposal Facility Name: 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? Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Side Reclamation (Photo Documentation) Sola Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Disposal Facility 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 elosure complies with all applicable closure requirements and conditions specified in the approved closure plan.	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.					
OCD Permit Number: 2/3 3 6 Signature: OCD Permit Number: 2/3 3 6 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: Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify 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: Disposal Facility Name: 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 soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique To. 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 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 information and attachments submitted with this closure requirements and conditions specified in the approved closure plan. Name (Print): Date: Signature: Date:							
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:		Approval Date: 8/14/12					
Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify 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:	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.						
Disposal Facility Name:	Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than						
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	Disposal Facility Name: Disp	osal Facility Permit Number:					
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):	Disposal Facility Name: Disp	osal Facility Permit Number:					
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:		as that will not be used for future service and operations?					
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):	☐ Site Reclamation (Photo Documentation) ☐ Soil Backfilling and Cover Installation						
Signature: Date:	<u>Operator Closure Certification:</u> 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						
· ·	Name (Print):	Title:					
e-mail address:Telephone:	Signature:	Date:					
	e-mail address:	Telephone:					

Murchison Oil & Gas, Inc. Vandiver Fee #1H

2,260' FNL & 265' FEL Sec. 17, T18S, R26E Eddy County, NM

CLOSED-LOOP OPERATING AND MAINTENANCE PLAN

- All drilling fluid circulated over shaker(s) with cuttings discharged into roll-off container.
- Fluid and fines below shaker(s) are circulated with transfer pump through centrifuge(s) or solids separator with cuttings and fines discharged into roll-off container.
- Fluid is continuously re-circulated through equipment with polymer added to aid separation of cutting fines.
- Roll-off containers are lined and de-watered with fluids re-circulated into system.
- Additional tank is used to capture unused drilling fluid or cement returns from casing jobs.
- This equipment will be maintained 24 hours/day by solids control personnel and/or rig crews that stay on location.
- Cuttings will be hauled to one of the following depending upon which rig is available to drill this well:
 - o R360 Permit Number R9166 / NM-01-0006
 - o GMI Permit Number 711-019-001 / NM-01-0019



Distinct I 1625 N. French Dr., Hobbs., NM 88240
Phone (575) 393-6161 Fax, (575) 393-6720
Distinct II
811 S. First St., Artesia, NM 88240
Phone (575) 748-1283 Fax (575) 748-9720
Distinct III
1000 Rio Brazins Road, Aztree, NM 87110
Phone (505) 334-6178 Fax (505) 334-6170
District IA
1220 S. St. Francis Dr., Sania Fe. NM 57405
Phone (505) 476-3460 Fax, (505) 476-3462

UL or lot no

H

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

ta - Yeso	96210	API Number		
⁶ Weil Number	³ Property Name			
1H	VANDIVER FEE			
⁹ Elevation	8 Operator Vame			
3381.4	MURCHISON OIL & GAS, INC.			
		OGRID No. 15363		

Lot Idn Feet from the North/South line Lect from the flast/West line Section Fownship Range County 17 18 S 26 E 2260 NORTH 265 **EAST EDDY**

Bottom Hole Location If Different From Surface

" Bottom Hole Location if Different From Surface									
UL or lot no.	Section	Fownship	Range	Lot Idn	Feet from the	North/South line	Feet from the	Fast/West line	County
E	17	18 S	26 E		2260	NORTH	330	WEST	EDDY
12 Dedicated Acres 13 Joint or Infill 14 Consolidation Code			ı Code	¹⁶ ()rder No.					
160									

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.

	N89'45'13"W 2624.0	7 FT N	89'45'13"W 2624 07 FT		* OPERATOR CERTIFICATION
	NW CORNER SEC 17	COMPUTED	NE CORNER SEC. 17 1	7	I needly verify that the information contained herein is true and complete
	LAT = 32'45'18.923"N LONG = 104'24'45'464"W		LAT: = 32'45'18.734"N LONG: = 104 23'44 023"#	1	to the test of nw knowledge and belief, and that this organization either
	LONG = 104 24 43 404 W		LUNG # 104 23 44 023 W		owns a working interest or unleased mineral interest in the land including
lν	,	}	'	l.	the propried bottom nate location or has a right to drill this well at dus
0.				21 5	location pursuant to a contract with an owner of such a inneral or working
0				160	unerest gr to a sphuntar popling devenien or a compulsors pooling
\$00'10'44'E	. 2260'	1	2260	264	artig life to full energy while dission
lt i				- 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2655		1	VANDIVER #1H	01.	Signature Date
8		1	ELEV = 3381 4'	NOO.50,10	Michael S. Daugherty
	BOTTOM OF HOLE LAT. = 32'44'56.578"N		= 32'44'56'411"N (NAD83) LONG. = 104'23'47'266"W	[8	Printed Same
	LONG. = 104'24'41 513"W	1		-	
-	BOITOM :	i	265' SURFACE	-	mdaugherty@jdmii.com
	OF HOLE		LOCATION		E-mail Address
1	COMPUTED	year of the same o	COMPUTE	,	· CVIDVIDITION CONTROL
			ŧ	1	SURVEYOR CERTIFICATION
			į	1	I hereby certify that the well location shown on this
l S			ž.	E	plat was plotted from field notes of actual surveys
500.10,44	1			2.1	made by me or under my supervision, and that the
0.4				643.2	same is true and confect to the best of my belief
4 m				20.	MAY 3 2012
26				11	Date of Survey
2655			4	01.0	Date of survey
8			\$	N00.20	
1 7			f 1	NON	1 38 Mat) hats a oll
N .					TOUR THE THEORY
	SW CORNER SEC. 17	S/4 CORNER SEC 17 LAT = 32'44'26'319"N	SE CORNER SEC 17		Signature and seal of Professional Sugar on
	LONG. = 104'24'45 224"W	LONG. = 104'24'14 759"W	LONG = 104'23'44 349'W		Certificate Number MIMONE PARAMILLO. PLS 12797
	S89'47'39"E 2602 5	5 FT NE	39'46'12"E 2597 88 FF	-	SURVEY NO 816