District I 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. Santa Fe, NM 87505

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose

Form C-144 CLEZ

July 21, 2008

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.

Operator: Murchison Oil & Gas, Inc. Address: 1100 Mira Vista Boulevard, Plano, Texas 75093-4698	RECEIVED
Facility or well name: POLAR BEAR STATE COM #5H	AUG 20 2012
API Number: 30-015-40585 OCD Permit Number: 213347	AUG ZU ZUIZ
U/L or Qtr/Qtr A Section 1 Township 17S Range 28E County: Eddy	NMOCD ARTESIA
• • • • • • • • • • • • • • • • • • • •	MILOIA
Center of Proposed Design: Latitude 32°52'09.095" N Longitude 104°07'19.566" W 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 □ Above Ground Steel Tanks or □ Haul-off Bins	or notice of intent)
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	
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 b 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 NM □ Previously Approved Design (attach copy of design) API Number: □ Previously Approved Operating and Maintenance Plan API Number:	
The viously 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: (Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use att facilities are required.	19.15.17.13.D NMAC) tachment if more than two
Disposal Facility Name: <u>R360</u> Disposal Facility Permit Number: <u>R9166/NM-01-0006</u>	
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 the Yes (If yes, please provide the information below) No	or future service and operations?
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. Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC	17.13 NMAC

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6. Operator Application Certification:	
I hereby certify that the information submitted with this application is true, accur	rate and complete to the best of my knowledge and belief.
Name (Print):	
Signature:	Date: Aug 09, 2012
e-mail address: jstockfock@jdmii.com Telephone: (972) 931-0700	<u> </u>
OCD Approval: Permit Application (including closure plan) Closure F	Plan (only)
OCD Representative Signature:	Approval Date: 8/23/12
Title: DIST ESUPERISO	OCD Permit Number: 213347
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the submitted to the division within 60 days of closure completion):	to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this
9.	
Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dritwo facilities were utilized.	s That Utilize Above Ground Steel Tanks or Haul-off Bins Only: illing fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	
Were the closed-loop system operations and associated activities performed on one of the items below. Yes (If yes, please demonstrate compliance to the items below) No	or 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 operated Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	tions·
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 requires	
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:

Murchison Oil & Gas, Inc. Polar Bear State Com #5H (30-015-40585)

1,130' FNL & 250' FEL Sec. 1, T17S, R28E 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

District I
1625 N French Dr., Hobbs. NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
District II
811 S First St., Artesia, NM 88210
Phone (575) 748-1283 Fax (575) 748-9720
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 Fé, NM 87505

Phone (505) 476-3460 Fax (505) 476-3462

State of New Mexico

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.

Energy, Minerals & Natural Resources Department CEIVERSed
Submit one cop
AUG 2 0 2012

Santa Fe, NM 87505

Form C-102
timen ECEIVER Sed August 1, 2011
Submit one copy to appropriate
AUG 2 0 2012 District Office

NMOCD ARTESMANDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number		² Pool Code		2	³ Pool Name					
			96	210	I	Empire; Glori				
Property Code			⁵ Property Name						⁶ Well Number	
30819				POLAR BEAR					5H	
⁷ OGRID	No.	⁸ Operator Name							⁹ Elevation	
15363			MURCHISON OIL & GAS, INC. 3647.8					3647.8		
			· · · · · · · · · · · · · · · · · · ·		" Surfac	e Location				
UL or lot no.	Section	Township	Range	Lat Idn	Feet from the	North/South line	Feet from the	East/West l	ine County	
1	1	17 S	28 E		1130	NORTH	250	EAST	EDDY	
			"B	ottom H	ole Locatio	on If Different Fro	om Surface			

" Bottom Hole Location If Different From Surface										
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County	
4	1	17 S	28 E		970	NORTH	330	WEST	EDDY	
12 Dedicated Acres	s ¹³ Joint	t or Infill 14 Consolidation Code			'	· · · · · · · · · · · · · · · · · · ·	15 Order No.			
158.72										

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.

