District III 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 Closed-Loop System (that only use above ground steel tan)	1220 South St. Francis Dr. g Santa Fe, NM 87505 ta ystem Permit or Closure Plan Appli ks or haul-off bins and propose to implement we e of action: ☑ Permit □ Closure EZ) per individual closed-loop system request. If aul-off bins and propose to implement waste remained of liability should operations result in pollution any other applicable governmental authority's rules, OGRID #: 277553	Paste removal for closure) For any application request other than for a moval for closure, please submit a Form C-144. a of surface water, ground water or the environment. Nor regulations or ordinances. 8
Facility or well name: <u>EAGLE 33 O FEDERAL #19</u>		
API Number: <u>30-015-39459</u>	OCD Permit Number: 21412	21
U/L or Qtr/Qtr O Section 33 Township 17-S Range 27-E County: EDDY		
Center of Proposed Design: Latitude	Longitude	NAD: 1927 1983
Surface Owner: 🖾 Federal 🗔 State 🗔 Private 🗔 Tribal Tr		
2.	(Applies to activities which require prior appro cation, and emergency telephone numbers <u>cklist</u> : Subsection B of 19.15.17.9 NMAC to the application. Please indicate, by a chec s of 19.15.17.11 NMAC	RECEINED MAR 2 0 2013 NMOCD AFIESIA
Closure Plan (Please complete Box 5) - based upon th Previously Approved Design (attach copy of design) API N	e appropriate requirements of Subsection C of umber: umber:	19.15.17.9 NMAC and 19.15.17.13 NMAC
5. <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (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: <u>CRI (Controlled Recovery Inc</u>		Number: <u>R-9166</u>
Disposal Facility Name: <u>Westall Loco Hills Water Disposal</u> Disposal Facility Permit Number: <u>R-3221</u>		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> 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): <u>Mike Pippin</u> Title: <u>Petroleum Engineer - Agent</u>		
Signature:	Date:	13
e-mail address: <u>mike@pippinllc.com</u>	Telephone: <u>50</u>	5-327-4573

<u>OCD</u> Approval: X Permit Application (including closure	plan) 🔲 Closure Plan (only)	
OCD Representative Signature: ADDOL	Approval Date: 3/21/13	
Title: DIST & Sepen 150-	Approval Date: <u>3/21/13</u> OCD Permit Number: <u>214121</u>	
^{8.} <u>Closure Report (required within 60 days of closure completion)</u> : 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.} <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> 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 Permit Number:	
Disposal Facility Name:		
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) 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. <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 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:		
e-mail address:	Telephone:	

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LIME ROCK RESOURCES II-A, L.P.

<u>DESIGN</u>: Closed Loop System – Flow tank during workover.

A ~100 bbl flow tank will be provided by Reliable Well Service, 512 W. Texas, Artesia, NM 88210, 575-748-1213. Contact person: Willie Morrison

OPERATIONS:

The closed loop equipment will be installed on the well pad and inspected daily by the workover crew and any necessary maintenance performed. Any leak in the system will be repaired and/or contained immediately. OCD will be notified within 48 hours of any spill. Remediation process will be started immediately.

CLOSURE:

During workover operations, all cuttings & associated liquids will be hauled off to the disposal facility, CRI (Controlled Recovery Inc. Permit #R9166. Water will be hauled off to Westall Loco Hills Water Disposal permit #R-3221.

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