District 1
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 R10 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 Form C-144 CLEZ July 21, 2008 Floop systems that only use above

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)

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.

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 ordinary

1. Operator:Morexco, Inc OGRID #: 15262	
Address:	
Facility or well name::_ Milepost COM #1	
API Number:30 015-23021'OCD Permit Number:	
U/L or Qtr/Qtr _A Section36 Township26S Range25E County:	
Center of Proposed Design: Latitude Longitude NAD: 19	
Surface Owner: XX Federal State Private Tribal Trust or Indian Allotment	
X 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 Make Above Ground Steel Tanks or ☐ Haul-off Bins Re-entry. Well P & A July 1995.	
3.	
Signs: Subsection C of 19.15.17.11 NMAC	
X 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers	
X 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 box, that the documents are attached. X Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC X 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:	
S. <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: CRI Disposal Facility Permit	Number:R1966
Disposal Facility Name: GM, Inc or closest Disposal Facility Permit	Number: 711-019-001
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) X 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 I of 19.15.17.13 NMAC Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation 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 Site Reclamation Plan - based upon the appropriate requ	

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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): Deeg Becker Dangled Becker Jr., Title: Regulatory Fresident Signature: Date: 2-6-09 Compail address: Mareko @ aff. 12+ Telephone: 432 940 7042 684 4344	
Name (Print): Dec Becker Dangloff, Becker Jr, Title: Regulatory President Signature: 126-09	
compiled dress: Marexco Patt net Telephone: 432 940 7042 / 684 4344	
c-mail address: More xco @att. net Telephone: 432 940 7042 / 684 4344	
OCD Approval: X Permit Application (including closuse plan) [Closuse Plan (only)	
OCD Representative Signature: 1000 Approval Date: 3-9-09	
Title: Good Ogy 3 OCD Permit Number: 0209/64	
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 subadited 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.	
Chaure Completion Date:	
Closure Report Regarding Waste Removal Clasure 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 facilistes were utilized.	
Disposal Facility Name: Disposal Facility Permit Number:	
Disposal Facility Name: Disposal Facility Pennit 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) \(\sum_{\text{No}} \) No	
Required for impacted areas which will not be used for future service and operations:	
Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation	
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): DONALD GORCKER TRUE PRES	
Signature: Well & But Date: 1/6/09	
e-mail address: Maracyco Dorth, Net Creptione: 432 684 4344	

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Morexco, Inc. Closure Plan for Closed Loop Drilling System

Re-entry
Milepost Com, Well #1
660' FNL & 660' FEL
Section 36-T26S-R25E
Eddy County, New Mexico

Methods of Handling Waste Materials

Re-entry cuttings shall be disposed of in steel cuttings bins (catch tanks) on the location pad (behind the steel mud tanks). The bins and cuttings shall be hauled to a division approved facility by an approved transporter. At the facility, the cuttings shall be removed from the bin and the bin shall be returned to the drilling site for reuse, moved to the next drilling site or returned to the provider.

Remaining fluids shall be hauled off by approved transports to a division approved disposal facility. Water produced during completion shall be put in storage tanks and disposed of at a division approved facility. Oil and condensate produced shall be put in a storage tank and sold or put in a sales pipeline.

Reclamation

Within 60 days after drilling and completion of the well, the location area shall be reduced as determined by Operator to the minimum area necessary to safely and effectively operate the well. The reclaimed location area shall be substantially restored to the condition that existed prior to oil and gas operations.