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Type of action: <pre></pre>	Closed-Loc (that only above ground sta	p System Permit or Closure Plan	Application waste removel for closure)	
Instructions: Place submit one application (Form C-14 C) EX.D per individual deset-loop system request. For any application for a disorded by provide information and program of informating prediction and program of information and program of				
Automate. Nor des approval relieve the operator of its responsibility to comply with any contraportation performance of the second relieve the operator. OGRID 8::013837 Operator: Mack Energy. Corporation OGRID 8::013837 Address: PO. Box 960 Artesia, NM 88210-0960 Pecility or well name: Milky Way State Com #1 API Number: D-025-402180 Center of Proposed Design: Latinde Longitude Surface Owner: Section 1 Township 18S Range 32E Councy Lea NAD: Operation: Ord/Or 4 Surface Owner: Medvant Closed-loon Systems: Private The Owner: Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Operation: Ordina council of the Intent of the Intenton of the Intent of the Intent of the Intent o	- closed loop system that only use above ground steel t	-144 CLEZ) per individual closed-loop system reques anks or baul-off bins and propose to implement waste	Letitoliat for closure, breme subjurt a your's car	
Operator. OGRID #:O13837 Address: P.O. Box 960 Artesia, NM 88210-0960 Facility or well name. Milky Way State Com #1 Arthores:	lease be advised that approval of this request does not re environment. Nor does approval relieve the operator of it	s responsibility to comply with any other applicable gove	mmental authority's rules, regulations or ordit	ances.
Address P.O. Box 960 Artesia, NM 88210-0960 Fullity or well uname: Milky Way State Com #1 Art Number:				
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U/L or Out/Otr 4 Section 1 Township 18S Range 32E County Lea Center of Proposed Design: Latitude Longitude NAD: [1527]1183 Surface Owner: @Peddral State[Private Tribal Trust or Indian Allotment NAD: [1527]1183 Closed-loop System: Subsection H of 19.15.17.11 NAIAC Operation: [] Drilling a new well [] Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) [] Private [] Tribal Trust or Indian Allotment Sign: Subsection C of 19.15.17.11 NMAC [] 12* 24*, 2* lettering, providing Operator's name, site location, and emergency telephone numbers Sign: Glosed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.13 NMAC [] 12* 24*, 2* lettering, providing Operator's name, site location, and emergency telephone numbers Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC [] 12* 12* 24*, 2* lettering, providing Operator's name, site location, and emergency telephone numbers Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 NMAC [] 12* 12.11, NMAC Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC [] Closure Plan - hased upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC Previously Approved Operating and Maintenance Plan API Number: [] Previously Approved Operating and Maintenance Plan Previously Approved Opera	API Number: 37-025-401	SOCD Permit Number;	191-03419	
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Surface Owner: State Private Tribal Trust or Indian Alloument * Closed-loon System: Subsection H of 19.15.17.11 NAIAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) PP:A Above Ground Steel Tanks or Haul-off Bins		Longitude	NAD: 1927 15	83
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attended Design Plan -based upon the appropriate requirements of 19.15.17.12 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of Subscetion C of 19.15.17.9 NMAC and 19.15.17.13 NM4 C Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) 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 curings. Use attachment if more than two facilities are required. Disposal Facility Name: Controlled Recovery Inc Disposal Facility Name: MA-01-0006 Soil Backfill and Core Design 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 unpacted oreas which will not he 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 * Controlled Recover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Revergetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC * Controlled Recovery Design Speci	12" x 24", 2" lettering, providing Operator's nam Signed in compliance with 19.15.3.103 NMAC	hment Checklist: Subsection B of 19,15.17.9 NMA	C heck mark in the box, that the documents ar	
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Instructions: Please indentify the facility or fucilities for the disposal of liquids, drilling fulds and drill cuttings. Use attachment if more than by facilities are required. Disposal Facility Name: Controlled Recovery Inc Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: Instructions: Please indentify the facilities occur on or in areas that will not be used for future service and operations? 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 he 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 Site Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Corerator 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): Jerry W. Sherrell Signature: Date: 6/27/11 e-mail address: jerry@mec.com Thelephone: 575-748-1288	Previously Approved Operating and Maintenance P	lan API Number:		
Disposal Facility Name: Controlled Recovery Inc Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name:	Instructions: Please indentify the facility or facilit	s That Utilize Above Ground Steel Tanks or Hau les for the disposal of liquids, drilling fluids and dr	<u>l-off Bins Only:</u> (19.15.17.13.D NMAC) ill cuttings, Use attachment if more than two	
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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 <u>Onerator Application Certification:</u> 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>Jerry W. Sherrell</u> Signature: <u>Jung W. Sherrell</u> Date: 6/27/11 e-mail address: jerrys@mec.com Telephone: <u>575-748-1288</u>			not be used for future service and operations?	
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): Jerry W. Sherrell Signature: Jerry W. Sherrell Date: 6/27/11 e-mail address: jerrys@mec.com Telephone: 575-748-1288	Soil Backfill and Cover Design Specification Re-vegetation Plan - based upon the app	is based upon the appropriate requirements of Subs propriate requirements of Subsection I of 19.13	5.17,13 NMAC	
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): Jerry W. Sherrell Signature: June Sherrell Date: 6/27/11 e-mail address: jerrys@mec.com Telephone: 575-748-1288	Operator Application Certification:			
Signature: Jenny W. Shendl Date: 6/27/11 e-mail address: jerrys@mec.com Telephone: 575-748-1288		this application is true, accurate and complete to the	e best of my knowledge and belief.	
Signature: Jung W. Shendl Date: 6/27/11 e-mail addrcss: jerrys@mec.com Telephone: 575-748-1288	Name (Print): JETTY W. Sherrell	Titlo: Product	tion Clerk	
	O (10)	Date: 6/27	/11	
	e-mail address: jerrys@mec.com	Telephone: <u>57</u> :	5-748-1288	
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OCD Approval: 🗌 Permit Applies on (includin	closure plan) Closure Plan (only)	ALATA
OCD Representative Signature:	Manch	Approval Date:O
OCD Representative Signature: Geolo	OCD Permit Nur	mber: P1.D3414
Closure Report (required within 60 days of close Instructions: Operators are required to obtain an The closure report is required to be submitted to the section of the form until an approved closure plan	approved closure plan prior to implementing any e division within 60 days of the completion of th hus been obtained and the closure activities hav	a closure activities. Please do not complete this
Closure Reports Regarding Waste Removal Clo	ure for Closed-loop Systems That Utilize Aboy	e Ground Steel Tanks or Haul-off Bins Only: I cuttings were disposed. Use attachment if mor : th
Instructions: Please indentify the facility or facili	es for where the inquites, articles france into an	
Controlled Recove	y Inc Disposal Facility	Permit Number: NIV-01-0006
Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associ	Disposal Facility	Permit Number:
Were the closed-loop system operations and associ Yes (If yes, please demonstrate compliance	ted activities performed on or in areas that will π_0 the items below) \square NO	or be used for infine service and operations;
Required for impacted areas which will not be used Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seedir		
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Mack Energy Closed Loop System Design Plan

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Equipment list,

- 2-414 Swaco Centrifuges
- 2-4 screen Mongoose shale shakers
- 2- CRI Bins with track system
- 2- 500 BBL frac tanks for fresh water
- 2- 500 BBL frac tanks for brine water

Operations and Maintenance

Closed Loop equipment will be inspected daily by each tour and any necessary maintenance performed.

Any leak in system will be repaired and /or contained immediately.

OCD notified within 48 hours.

Remediation process started.

Closure Plan

During drilling operations all liquids, drilling fluids and cuttings will be hauled off by CRI(Controlled Recovery Inc. Permit NM-01-0006).



Mack Energy Corporation MANIFOLD SCHEMATIC

