District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Bitazos Road, Aztec, NM 87410 JUL 0 5 2011 District IV 1220 S. St. Francis Dr., Santa Fe. NM 87505	Department Oil Conservation Division 1220 South St. Francis Dr.	Amended Form C-144 CLEZ July 21, 2008 For closed-loop systems that only use above ground steel tanks or haud-off hins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.
Closed-Loop S (that only use above ground steel tar	Santa Fe, NM 87505 ystem Permit or Closure Plan tks or haul-off bins and propose to impley	Application ment waste removal for closure)
Instructions: Please submit one application (Form C-144 closed-loop system that only use above ground steel tanks of Please be advised that approval of this request does not relieve encironment. Not does approval relieve the operator of its resp. [1]	the operator of hability should operations result consibility to comply with any other applicable g	e removal for closure, please submit a Form C-144. in pollution of surface water, ground water or the overnmental authority's rules, regulations or ordinances
Operator:VPR_OPLRATINGLLC	OGRID #:	266091
Address 1406 CAMP CRAFT_RD, SUITE 106.	<u>AUSTIN, IX 78746</u>	
Lacility or well nameREDI AIL STATL COM #1H		
API Number <u>30-025-</u> 40[3]	OCD Permit Number:	P1-03426
$\int U^{(1)} \operatorname{or} Q \operatorname{tr} Q \operatorname{tr} = A_{-} = Section = -02_{-}$	ownship23 <u>S</u> _Range32 <u>E</u>	_ County: LEA
Center of Proposed Design Latitude <u>33_29'</u>	53.14" Longitude 103_08	<u>41.96</u> NAD. 1927 [1983
Surface Owner: 🗌 Federal 🗔 State 🗙 Private 🗋 Tribal	Trust or Indian Allotment	7
Operation: X Drilling a new well Workover of Drillin Above Ground Steel Tanks of Haul-off Bins Signs. Subsection C of 19/15,17,11 NMAC 12' x 24", 2" lettering, providing Operator's name, site I Signed in compliance with 19/15,3/103 NMAC		proval of a permit or notice of intent)
Closed-loop Systems Permit Application Attachment Cl Instructions: Each of the following items must be attached attached. Design Plan - based upon the appropriate requiremen Operating and Maintenance Plan - based upon the ap Closure Plan (Please complete Box 5) - based upon the Previously Approved Design (attach copy of design) Previously Approved Operating and Maintenance Plan	d to the application. Please indicate, by a ch (s of 19.15.17.11 NMAC propulate requirements of 19.15.17.12 NMAC	
5		
<u>Waste Removal Closure For Closed-loop Systems That Unstructions: Please indentify the facility or facilities for t</u> facilities are required.	<u>dilize Above Ground Steel Tanks or Haul-</u> he disposal of liquids, drilling fluids and dril.	off Bins Only: (1915-17.13 D NMAC) f cuttings. Use attachment if more than two
Disposal Facility Name <u>SUNDANCE INCORPO</u>	DRATED Disposal Facility Permit N	lumber: <u>NM-01-0003</u>
Disposal Facility Name <u>CR1</u> Disposal Facility Name <u>LLA LAND</u>	Disposal Facility Permit	Number: <u>NM-01-0006</u>
Disposal Facility Name <u>LLA LAND</u> Disposal Facility Name: <u>GANDY MARLEY</u>	Disposal Facility Permit 2 Disposal Facility Permit 2	
Will any of the proposed closed-loop system operations and Yes (If yes, please provide the information below) Required for impacted areas which will not be used for futur Soil Backfill and Cover Design Specifications base Re-vegetation Plan - based upon the appropriate requi- Site Reclamation Plan - based upon the appropriate re	<i>e service and operations</i> , d upon the appropriate requirements of Subsection 1 of 1915 1713 NMAA	aull not be used for future service and operations?
Amended +	ł	
Ten in the	Paris and a state of the state	
	1991年,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日。 1991年—1991年—1991年日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,1991年1月1日,19	ting but a

I bereby cerrify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief Name (Pfint)AMES.R. (H21)NGDate:Q205-2011	6. Operator Application Certification:				
Nignature	I hereby certify that the information submitted with this application is true, accu	rate and complete to the best of my knowledge and belief			
e-initil address	Name (Print). IAMES R HULING				
OCD Approval: Permit Application the left of the set	Signature	Date: 07-05-2011			
OCD Approval: Permit Application the left of the set	e-mail address jihuling@kiamichienergy.com	Telephone: <u>817-923-8323</u>			
Title: Spatial math OCD Permit Number: P1 - 03422 * 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. Please do not complete this section of the form unit 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 Permit Number. Use the closure denoistrate compliance to the items below! No Steed and operations? Steed and seevice and operations? Nee the closure completion or or in areas that will not be used for future service and operations? Disposal Facility Permit Number. Disposal Facility Permit in the closure completion on or in areas that will not be used for future service and operations? Nee the closure completion Recurred or own such will not be used for future service and operations? Sine Reclamation (Photo Documentation) No No Sine Reclamation (Photo Documentation) No No Required for im	7. <u>OCD Approva</u> l: Permit Application (including closury plan) Closure I	Plan (only)			
Cosure 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 Clusure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facilities for where the fiquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Permit Number. 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 Required for impacted areas which will not be used for future service and operations? Sine Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Revegetation Application Rates and Seeding Fechinque	OCD Representative Signature:	Approval Date: <u>7-6-2011</u>			
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* 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	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.				
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Operator Closure Certification: 1 hereby certify that the information and attachments submitted with this closure requirements and complete to the best of my knowledge and belief. Talso certify that the closure complex with all applicable closure requirements and conditions specified in the approved closure plan Name (P(int)	Site Reclamation (Photo Documentation)				
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Signature Date	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			

VPR Operating, LLC 1406 Camp Craft Road, Suite 106 Austin, Texas 78746

Redtail State Com #1H

SHL: Unit A Sec. 2, T23S-R32E BHL: Unit P Sec. 2, T23S-R32E

> Lea County, NM API # 30-025-

Equipment & Design:

VPR Operating, LLC will utilize a closed loop system in the drilling and completion of this well. The attached Rig Location Layout is attached along with BOPE and Choke Manifold.

Operations & Maintenance:

During operations the rig crew and other personnel will continuously monitor fluids and solids to insure no release occurs. Should a release occur the NMOCD District 1 office in Hobbs (575.393.6161) will be notified as required under NMOCD Rule 19.15.29 8.

Closure:

After operations are complete, fluids and solids will be hauled and disposed to one of the four NMOCD facilities:

Disposal Facility Name	SUNDANCE INCORPORATED	Disposal Facility Permit Number:	NM-01-0003
Disposal Facility Name	CRI	Disposal Facility Permit Number	NM-01-0006
Disposal Facility Name	LEA LAND	Disposal Facility Permit Number.	NM-01-035
Disposal Facility Name	GANDY MARLEY	Disposal Facility Permit Number	NM-01-0019

Conventional Rig Location Layout

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13-5/8" x 5,000 psi BOP Stack



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SM CHOKE MANIFOLD EQUIPMENT - CONFIGURATION OF CHOKES MAY VARY

Although not required for any of the choke manifold systems, buffer tanks are sometimes installed downstream of the choke assemblies for the purpose of manifolding the bleed lines together. When buffer tanks are employed, valves shall be installed upstream to isolate a failure or malfunction without interrupting flow control. Though not shown on 2M, 3M, 10M, OR 15M drawings, it would also be applicable to those situations.

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[54 FR 39528, Sept. 27, 1989]