### HOBBS OCD

District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rto Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fc, NM 87505

### State of New Mexico JUL 1 4n204 Minerals and Natural Resources Department

Oil Conservation Division RECEIVED 1220 South St. Francis Dr. Santa Fe, NM 87505

July 21 2008 For closed-loop systems that only use above

Form C-144 CLEZ

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: 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. Not does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.		
Operator PALADIN ENERGY CORP OGRID # 16470 164570		
Address: 10290 Monroe Dr., Suite 301, Dallas, Texas 75229		
Facility or well name: New Mexico State 14+ NGT++#1 Well		
API Number 30-025-00109 OCD Permit Number P1 - 03463		
U/L or Qtr/Qtr K Section 11 Township T12S Range R32E County: Lea		
Center of Proposed Design: Latitude Longitude NAD: 1927 1983		
Surface Owner.     Pederal   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 or notice of intent) P&A  Above Ground Steel Tanks or Haul-off Bins		
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 box, that the documents are 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 NMAC and 19 15 17.13 NMAC □ Previously Approved Design (attach copy of design) API Number: □		
Previously 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: (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. Paladin Energy Corp. East Caprock SWD #2 Disposal Facility Permit Number API # 30-025-00113 Disposal Facility Name Disposal Facility Permit Number		
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)		
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 G of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC		
Operator Application Certification:		
Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief		
Name (Print). David Plaisance Title V.P Exploration & Production		
Signature Date. 7/13/2011		
e-mail address   6,36,5 mc   6,73, 12,6 m   Felephone: 214-654-0132 ext 3		

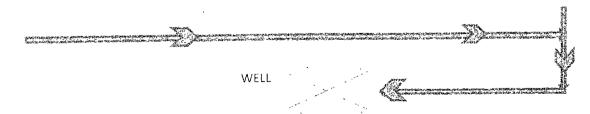
OCD Approval: Permit Application (montiding classic plan)   Close	sure Plan (only)	
OCD Representative Signature:	Approval Date: (-18-20//	
Title: STAFF NOW.	OCD Permit Number: Pt-03463	
Closure Report (required within 60 days of closure completion): Subsection K of 19.15 17 13 NMAC Instructions: Operators 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 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 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.	
Disposal Facility Name:	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     Site Reclamation (Photo Documentation)     Soil Backfilling and Cover Installation     Re-vegetation Application Rates and Seeding Technique	operations	
Operator Closure Certification:  Thereby 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.	Date:	
e-mail address:		

# )-LOOP SYSTEM FOR PLUG BACK, RE-COMPLETION, P&A, T&A OPERATIONS DESIGN AND CONSTRUCTION (NO CUTTINGS IN THIS OPERATION)

500 BBL STORAGE HAUL OFF TANK

PUMPS & EQUIPMENT NEEDED FOR CLOSED LOOP SYSTEM

RINE WATER ...



## CLOSED LOOP DESIGN PLAN FOR <u>PLUG BACK, SWD Conversion</u>, <u>RE-COMPLETIONS</u>, <u>P&A, T&A</u> OPERATIONS

### **EQUIPMENT**

- 1-250 bbl tank for holding fluids
- 1-500 bbl haul off tank for brine water

(No cuttings in this operation)

#### **OPERATION AND MAINTENANCE**

System will be maintained during operating hours by control personnel that will stay on location.

Any and all leaks will be repaired and/or contained immediately.

OCD will be notified within 48 hours of remediation started if spill or leak occurs.

Will adhere to Rule 116.

### **CLOSURE PLAN**

During and following completion of Plugback Operations all fluids will be hauled off by Closed Loop Specialist.

### **GROUNDWATER**

Per OCD and State Engineer data, the groundwater occurs at a depth of 40' to 60'.