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625 N. Fřénch Dr., Hobbs, NM 882404038 OCD <u> District l</u>

State of New Mexico

Energy Minerals and Natural Resoutes 20 2011 Department

District II 301 W Grand Avenue, Artesia, NM 88210 000 Rio Brazos Road, Aztec, NM 874 NAY 2 5 2011 District IV District III

Oil Conservation Division 1220 South St. Francis Dr.

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose RECEIVE implement waste removal for closure, submit to the appropriate NMOCD District Office.

220 S St Francis Dr , Santa Fe, NM 87505

Closed-Loop System Permit or Closure Plan Application

Santa Fe, NM 87505

(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. ease 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 vironment Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. OGRID #: <u>02557.**\$**</u> Operator: Yates Petroleum Corporation Address: 105 South Fourth Street Artesia, NM 88210 Facility or well name: RUBY ASV ST #1 OCD Permit Number: Pt- 03456 API Number. 30-025-34498 J/L or Qtr/Qtr Section 15 Township 16 S Range 32E County: LEA Center of Proposed Design: Latitude ______ Longitude _____ NAD: 1927 1983 Surface Owner: ☐ Federal 🛛 State ☐ Private ☐ Tribal Trust or Indian Allotment 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 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 API Number: ☐ Previously Approved Design (attach copy of design) 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: ____ Disposal Facility Permit Number: ___ Disposal Facility Permit Number: Disposal Facility Name. 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 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 Rc-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 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. Title. Completions Superintendent Name (Print): Mike Allen with aller Date: 4/13/2011 Signature: e-mail address: mikea@vatespetroleum.com

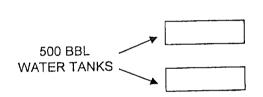
OCD Approval: Permit Application (including closure plan)	
)CD Representative Signature:	Approval Date:
Title:	OCD Permit Number: P1-03456
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC **Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC **nstructions: 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 ection of the form until an approved closure plan has been obtained and the closure activities have been completed. **Closure Completion Date: 6-14-11**	
Instructions: Please indentify the facility or facilities for where the wo facilities were utilized. Disposal Facility Name: RED HAT SWD Disposal Facility Name: Were the closed-loop system operations and associated activities pe Yes (If yes, please demonstrate compliance to the items below Reasured for impacted areas which will not be used for future service.	
☐ Site Reclamation (Photo Documentation) ☐ Soil Backfilling and Cover Installation ☐ Re-vegetation Application Rates and Seeding Technique	
belief. I also certify that the closure complies with all applicable of	h this closure report is true, accurate and complete to the best of my knowledge and osure requirements and conditions specified in the approved closure plan.
Name (Fint).	Title: <u>Completion Superintendent</u>
Signature: Mich alle	Date:
e-mail address: mikea@yatespetroleum.com	Telephone: _575-748-4218

ElG 7-25-2011



Attachment to C-144 CLEZ

WORKOVER



PULLING UNIT

WELL

SWAB TANK 500-250 BBL