

Grand Avenue, Artesia, NM 88210

Brazos Road, Aztec, NM 87410

St. Francis Dr., Santa Fe, NM 87505

Department

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

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: ☒ 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 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. 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 nt. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

Operator: **Enervest Operating LLC**

OGRID #: 143199

Address: 1001 Fannin Street, Suite 800, Houston, Texas 77002

or well name: Sharbro Federal #10

Number: ~~31-015~~ 20-025-4028 OCD Permit Number: 01-03566

Qtr/Qtr J Section 7 Township 23-S Range 32-E County: Lea

Proposed Design: Latitude 32.316652 N Longitude 103.711136 W NAD: ☒ 1927 ☐ 1983Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment**Closed-loop System:** Subsection H of 19.15.17.11 NMACAction: ☒ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A
or Ground Steel Tanks or ☒ Haul-off Bins

Subsection C of 19.15.17.11 NMAC

24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers

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: _____

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 identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two are required.

Disposal Facility Name: **Controlled Recovery, Inc.** Disposal Facility Permit Number: NM-01-0006Disposal Facility Name: **Gandy Marley, Inc.** Disposal Facility Permit Number: DP-1041If 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

If 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?

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

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.

(Print): **Bridget Helfrich** Title: **Regulatory Technician**Signature: *Bridget Helfrich* Date: 5-5-11Address: **BHelfrich@EnerVest.net** Telephone: (713) 495-6530

Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

Representative Signature: _____

Approval Date: _____

PETROLEUM ENGINEER

OCD Permit Number: _____

Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC

Conditions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. 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 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:

Conditions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than one facility was utilized.

Facility Name: _____

Disposal Facility Permit Number: _____

Facility Name: _____

Disposal Facility Permit Number: _____

Were 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

Areas impacted for future service and operations:

Site Reclamation (Photo Documentation)

Soil Backfilling and Cover Installation

Re-vegetation Application Rates and Seeding Technique

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 I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

(Print): _____ Title: _____

Signature: _____ Date: _____

Address: _____ Telephone: _____

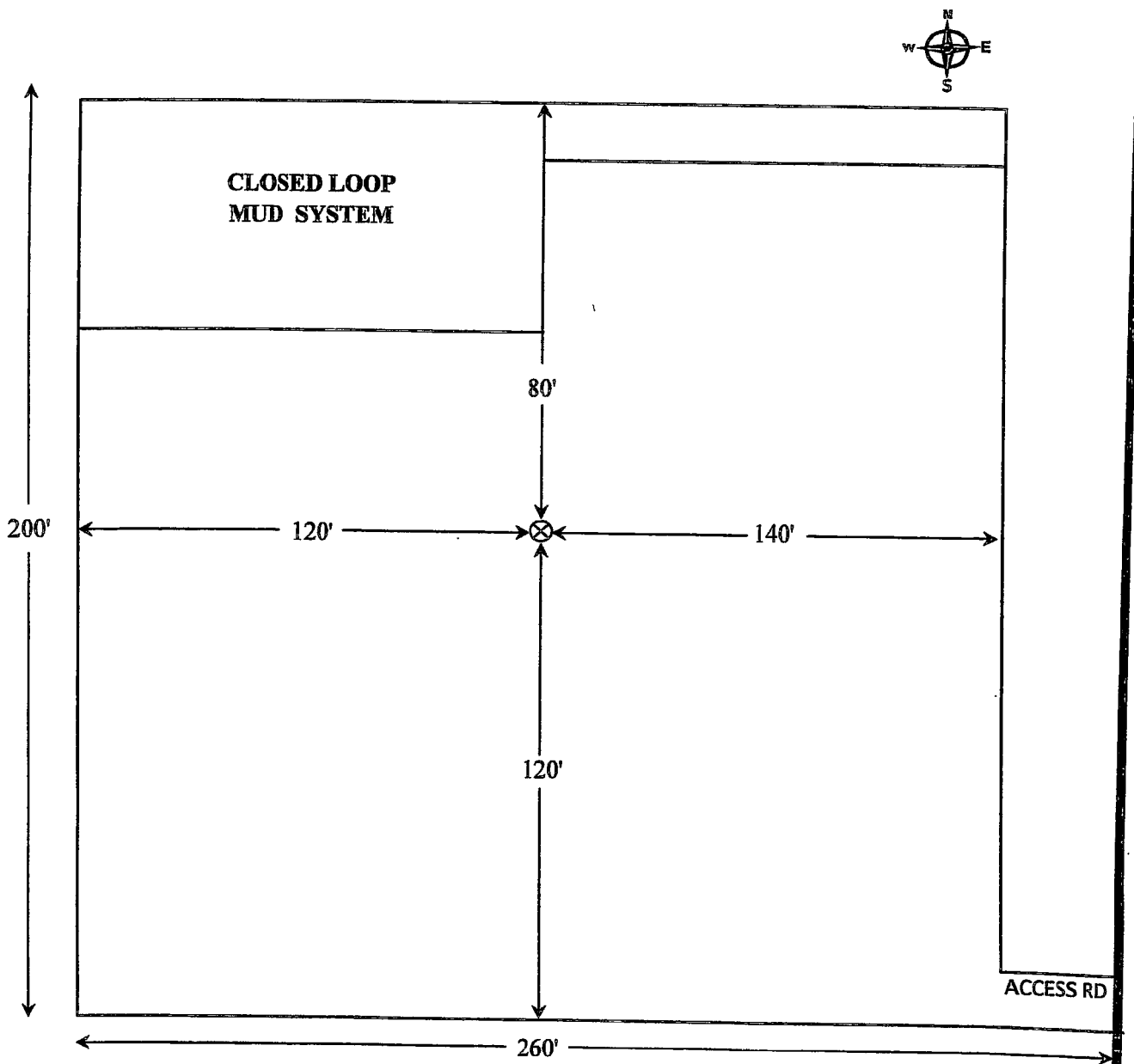


EXHIBIT 8

NOT TO SCALE

**Enervest Operating, LLC
Rig Layout**

