# District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210

HOBBS OCD State of New Mexico

Energy Minerals and Natural Resources

DEC 2 9 2011

1000 Rio Brazos Road, Aztec, NM 87410 District IV District IV
1220 S St Francis Dr , Santa Fe, NM 8750 RECEIVED

District III

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

Revised August 1, 2011 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.

Form C-144 CLEZ

# 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. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. |  |  |  |  |
| Operator: CIMAREX ENERGY CO. OF COLORADO OGRID#: 162683                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Address: 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701                                                                                                                                                                                                                                                                                     |  |  |  |  |
| Facility or well name: RHODES FEDERAL #4-3                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| API Number: 30-025-11949 OCD Permit Number: 10-04130                                                                                                                                                                                                                                                                                            |  |  |  |  |
| U/L or Qtr/Qtr L Section 04 Township 26S Range 37E County: LEA                                                                                                                                                                                                                                                                                  |  |  |  |  |
| Center of Proposed Design: Latitude Longitude NAD: 1927 1983                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Surface Owner: X Federal State Private Tribal Trust or Indian Allotment                                                                                                                                                                                                                                                                         |  |  |  |  |
| 2.  X 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) XP&A                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| 3.                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| 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 19.15.16.8 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:  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. GANDY MARLEY                                                                                                                                                |  |  |  |  |
| Disposal Facility Name: CRI Disposal Facility Permit Number: NM 01-0006                                                                                                                                                                                                                                                                         |  |  |  |  |
| Disposal Facility Name: SUNDANCE Disposal Facility Permit Number: NM 01-0003                                                                                                                                                                                                                                                                    |  |  |  |  |
| 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                                                                                                                                |  |  |  |  |
| 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                                                                                                                                                                                                                                             |  |  |  |  |
| 6. 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.                                                                                                                                                                                                    |  |  |  |  |
| Name (Print): DAVID A. EYLER Title: AGENT                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| c-mail address: deyler@milagro-res.com Tclcphone: (432)687-3033                                                                                                                                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |

Form C-144 CLEZ

Oil Conservation Division

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| 7.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| GCD Approval: Permit Application (including closure plan) Closure f                                                                                                                                                                                       | 1 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| OCD Representative Signature: Maley SR Own                                                                                                                                                                                                                | Approval Date: 1/25/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Title: Compliance Officer                                                                                                                                                                                                                                 | OCD Permit Number: <u>97-04/30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| 8. Clasure Report (required within 60 days of clasure completion). Subsection                                                                                                                                                                             | V -510 15 17 12 NBAAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| 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. Place 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| 9. Clasure Report Regarding Waste Pamoval Clasure For Classed Law Sustain                                                                                                                                                                                 | The Align Al |  |  |  |
| Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, dri                                                                                               | lling fluids and drill cuttings were disposed. Use off Bins Only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| two facilities were utilized.                                                                                                                                                                                                                             | ing futus and arm cuttings were disposed. Use attachment if more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Disposal Facility Name:                                                                                                                                                                                                                                   | Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Disposal Facility Name:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 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:                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| ☐ Site Reclamation (Photo Documentation)                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| ☐ Soil Backfilling and Cover Installation ☐ Re-vegetation Application Rates and Seeding Technique                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 10.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Operator Closure Certification:                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| I hereby certify that the information and attachments submitted with this closure r                                                                                                                                                                       | enort is true accurate and complete to the host of my linearly 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
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| Signature:                                                                                                                                                                                                                                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| e-mail address:                                                                                                                                                                                                                                           | Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
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## Closed-Loop Design Plan:

The closed loop system will not entail a drying pad, temporary pit, below grade tank or sump. It will entail an above ground haul-off bin suitable for holding the cuttings and fluids for rig operations. The haul-off bin will be of sufficient volume to maintain a safe free board between disposal of the liquids and solids from rig operations.

- · 1.) Fencing is not required for an above ground closed-loop system.
  - 2.) This site will be signed in compliance with 19.15.3.103 NMAC.
  - 3.) Please see attached Closed-Loop System diagram.

### Closed-Loop Operating and Maintenance Plan:

In order to protect public health and environment, the closed-loop haut-off bin will be operated and maintained to contain liquids and solids. This will aid in the prevention of contamination of fresh water sources. To altain this goal the following steps will be followed:

- 1.) The solids and ilquids in the closed-loop heal-off bin will be transported off the drilling facility and disposed of at the CRI facility (Permit No. R9166) in Hajiway, NM on a periodic basis once a bin is determined to be at full volume capacity.
- No hazardous waste, miscellaneous solld waste or debris will be discharged into or stored in the tank. Only fluids or cuttings used or generated by rig operations will be placed or stored in the tank.
- The division district effice will be notified within 48 hours of the discovery of compromised integrity of the haut-off bin. Upon the discovery of the compromised haut-off bin, repairs will be enacted immediately.
- All of the above operations will be inspected and a log will be signed and dated. During
  rig operations, the inspection will be delily.

#### Closed-Loop Closure Plan:

The hual-off bin will be maintained in accordance with 19.15.17.13 NMAC. This will be done by transporting and disposing all cuttings and liquids to the CRI Facility (Permit No. Re166) during and immediately following rig operations. The haul-off bins will be removed from the location as part of the rig move. At the time of well abandonment, the site will be reclaimed and re-vegetated to pre-existing conditions when possible.

