

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

**HOBBS OCD** State of New Mexico  
Energy Minerals and Natural Resources  
Department  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**RECEIVED**  
MAR 19 2012

Form C-144 CLEZ  
July 21, 2008

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

1. Operator: <u>Marshall &amp; Winston Inc.</u> OGRID #: <u>014187</u>	
Address: <u>P.O.B. 50880, Midland, TX 79710-0880</u>	
Facility or well name: <u>HOMETOWN 13 # 1H</u>	
API Number: <u>30-041-20950</u>	OCD Permit Number: <u>PI-04324</u>
U/L or Qtr/Qtr <u>M to P</u> Section <u>13</u> Township <u>06 S</u> Range <u>34 E</u> County: <u>Roosevelt</u>	
Center of Proposed Design: Latitude <u>32.789778 N</u> Longitude <u>103.425059 W</u> NAD: <input checked="" type="checkbox"/> 1927 <input checked="" type="checkbox"/> 1983	
Surface Owner: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment	
2. <input checked="" type="checkbox"/> Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: <input checked="" type="checkbox"/> Drilling a new well <input type="checkbox"/> Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input type="checkbox"/> P&A <input checked="" type="checkbox"/> Above Ground Steel Tanks or <input checked="" type="checkbox"/> Haul-off Bins	
3. Signs: Subsection C of 19.15.17.11 NMAC <input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers <input checked="" type="checkbox"/> Signed in compliance with 19.15.3.103 NMAC	
4. 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. <input type="checkbox"/> Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC <input type="checkbox"/> Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC <input type="checkbox"/> 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 <input type="checkbox"/> Previously Approved Design (attach copy of design) API Number: _____ <input checked="" type="checkbox"/> Previously Approved Operating and Maintenance Plan API Number: <u>30-015-38987</u> (Peacemaker 25 #1H)	
5. 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 identify 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 <u>CRI</u> Disposal Facility Permit Number: <u>NM 01-0006</u> 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? <input type="checkbox"/> Yes (If yes, please provide the information below) <input checked="" type="checkbox"/> No Required for impacted areas which will not be used for future service and operations: <input type="checkbox"/> Soil Backfill and Cover Design Specifications --- based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC <input type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC <input type="checkbox"/> 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): <u>Vernon D. Dyer</u> Title: <u>Agent for Marshall &amp; Winston</u> Signature: <u>Vernon Dyer</u> Date: <u>03/16/2012</u> e-mail address: <u>vdyeroil@cableone.com</u> Telephone: <u>(575) 420-0355</u>	

MAR 22 2012

7  
**OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: \_\_\_\_\_

Approval Date: **MAR 19 2012**

Title: \_\_\_\_\_

**PETROLEUM ENGINEER**

OCD Permit Number: \_\_\_\_\_

**P1-04324**

8  
**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: \_\_\_\_\_

9  
**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 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 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 \_\_\_\_\_

Telephone: \_\_\_\_\_

**C-144 Attachment**  
**Closed Loop System Maintenance Summary**  
**NMOCD Rule 19.15.17 NMAC**  
**District I, NMOCD,**  
**Hobbs, NM at (575) 393-6161**

**Operator and Well:**  
**Marshall and Winston Incorporated**  
**Hometown 13 # 1H**  
**Sec 13-‘M’, T-06-S, R-34-E**

**Equipment:**

**The anticipated equipment shall consist of:**  
**Above Ground steel tanks and or Roll-off steel tanks.**  
**Dual motion shale shakers, solid removal centrifuges, gas separator, one 500 bbl fresh water and one 500 bbl brine water frac tanks. The closed loop mud system shall follow the guidance of regulations NM 19.15.17.11 NMAC.**

**Maintenance:**

**The drilling crew will inspect the closed loop circulating system at least once during each tour. Inspections or maintenance shall be entered into the driller’s log. Any release of spill discovered will be reported to the NMOCD at (575) 393-6161 within 24 hours in accordance to NMOCD Rule 19.15.29 NMAC.**

**Closure:**

**All circulating fluids and cuttings deemed for disposal shall be transported to ► (NO.3). The other two sites listed are alternative state permitted waste disposal sites.**

- 1) Gandy Marley Inc., waste disposal site, Route 45 Crossroads, Hwy 380, NM Permit No. NM 711-01-020, EPID 0001002484.**
- 2) Alternative disposal sites are Sundance Services, waste disposal site, located three miles east of Eunice, NM Permit No. NM-01-0003.**
- 3) Control Recovery Inc. waste disposal site, Halfway, Hwy 62, NM Permit No. NM- 01-0006.**