## HOBBS OCD

<u>District I</u> 1625 N French Dr., Hobbs, NM 88240

Energy Minerals and Natural Resources
1301 W Grand Avenue, Artesia, NM 88210 APR 1 3 2012 Department
District III

District III 1 000 Rio Brazos Road, Aztec, NM 8741 0

District IV 1220 S St Francis Dr., Santa Fe, NM 87505 **RECEIVED** 

State of New Mexico

Oil Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505

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 NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application (that only above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

	<b>☑</b> □
Type of action:	X 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 Mack Energy Corporation	OGRID #· 013837	
Address P.O. Box 960 Artesia, NM 88210-0960		
Faculty or well name Mia Michelle State #1		
API Number. O  U/L or Qtr/Qtr A Section 32 Township 15S	CD Permit Number: P1-04433	
U/L or Otr/Otr A Section 32 Township 15S	Range 30E County Chaves	
Center of Proposed Design: Latitude	LongitudeNAD	
Surface Owner: Federal State Private Tribal Trust or Indian Al	lotment	
<sup>2</sup> Closed-loop System: Subsection H of 19.15.17.11 NAIAC Operation: ☐ Drilling a new well ☒ Workover or Drilling (Applies to activ ☒ Above Ground Steel Tanks or ☐ Haul-off Bins	vities which require prior approval of a permit or notice of intent) 🛛 P&A	
Sign: Subsection C of 19.15.17.11 NMAC  12" x 24", 2" lettering, providing Operator's name, site location, and emen Signed in compliance with 19.15.3.103 NMAC	rgency telephone numbers	
Closed-loop Systems Permit Application Attachment Checklist: Substitutions: Each of the following items must be attached to the application attached  Design Plan -based upon the appropriate requirements of 19.15.17.11 Operating and Maintenance Plan - based upon the appropriate requirements of Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Previously Approved Design (attach copy of design)  API Number: Previously Approved Operating and Maintenance Plan  API Number:	NMAC ments of Subsection C of 19.15.17.9 NMAC and 19 15.17.13 NMAC	
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 Controlled Recovery Inc		
Disposal Facility Name	Disposal Facility Permit Number	
Will any of the proposed closed-loop system operations and associated activities of Yes (If yes, please provide the information below) № No	occur on or in areas that will not be used for future service and operations?	
Required for impacted areas which will not he used for future service and op Soil Backfill and Cover Design Specifications based upon the appropriate requirements Re-vegetation Plan - based upon the appropriate requirement Site Reclamation Plan - based upon the appropriate requirement	oriate requirements of Subsection H of 19 15.17.13 NMAC of Subsection 1 of 19.15.17.13 NMAC	
Operator Application Certification:		
I hereby certify that the information submitted with this application is true, a	ccurate and complete to the best of my knowledge and belief.	
Name (Print): Jerry W. Sherrell	Title: Production Clerk	
Signature: Jeny W. Shenell	Date: 4/12/12	
e-mail address: jerrys@mec.com	Telephone: 575-748-1288	

Form C-1 44 CLEZ

Oil Conservation Division

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OCD Approval: Permit Applies on (including closure plan) Closure Plan (only)		
CD Representative Signature: Approval Date:		
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:		
losure Reports Regarding Waste Removal Closure for Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: structions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than to facilities were utilized  Disposal Facility Name: Controlled Recovery Inc Disposal Facility Permit Number: NM-01-0006		
Disposal Facility Name: Disposal Facility Permit Number:		
ere 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		
Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique		
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.		
ame (Print): Title:		
gnature: Date:		
mail address: Telephone:		