<u>District I</u> 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

### State of New Mexico **Energy Minerals and Natural Resources**

HOBBS OCD Department

Oil Conservation Division

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.

Form C-144 CLEZ

APR 27 2012 220 South St. Francis Dr. 1220 S. St. Francis Dr , Santa Fe, NM 87505 Santa Fe, NM 87505

Closed Reorge 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: PALADIN ENERGY CORP. OGRID #: 164070		
Address: 10290 Monroe Dr., Suite 301, Dallas, Texas 75229		
Facility or well name: Howard Fleet #5		
API Number: 30-025-30855 OCD Permit Number: P1-04518		
U/L or Qtr/Qtr I Section 35 Township T13S Range R37E County: Lea		
Center of Proposed Design: Latitude Longitude NAD: 1927 1983		
Surface Owner:   Federal State Private Tribal Trust or Indian Allotment		
2.		
Closed-loop System: Subsection H of 19.15.17.11 NMAC		
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A		
Above Ground Steel Tanks or Haul-off Bins		
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 19.15.3.103 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:  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 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: Paladin Energy Corp., Reed #1 SWD Disposal Facility Permit Number: API # 30-025-05091		
Disposal Facility Name: Paladin Energy Corp. State C-3 SWD Disposal Facility Permit Number: API #30-025-34239		
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 Plaisance Title: V.P. Exploration & Production		
Signature: Date: 4/25/2012		
e-mail address: dplaisance@paladinenergy.com Telephone: 214-654-0132 ext 3		

OCD Approval: Permit Application (meltining closure plan) Closure Plan (only)		
OCD Representative Signature: Approval Date: 5-/- 20/2		
Title: SMF / CM	OCD Permit Number: P1 - D4518	
Closure Report (required within 60 days of closure completion): Subsection K of 1945 1713 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:		
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		
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) \( \subseteq \text{No} \)		
Required for impacted areas which will not be used for future service and operation.  Site Reclamation (Photo Documentation).  Soil Backfilling and Cover Installation.  Re-vegetation Application Rates and Seeding Technique.	OHS	
Operator Closure Certification:  Thereby 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	

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## CLOSED LOOP DESIGN PLAN FOR <u>PLUG BACK, SWD CONVERSION, DEEPENING, RE-COMPLETIONS, P&A,</u> T&A OPERATIONS

#### **EQUIPMENT**

- 1-250 bbl tank for holding fluids
- 1-500 bbl haul off tank for brine water
- 1-250 bbl haul of tank for cuttings

#### **OPERATION AND MAINTENANCE**

System will be maintained during operating hours by control personnel that will stay on location.

Any and all leaks will be repaired and/or contained immediately.

OCD will be notified within 48 hours of remediation started if spill or leak occurs.

Will adhere to Rule 116.

#### **CLOSURE PLAN**

During and following completion of Operations all fluids and cuttings will be hauled off by Closed Loop Specialist.

#### **GROUNDWATER**

Per OCD and State Engineer data, the groundwater occurs at a depth of 40' to 60'.

# CLOSED-LOOP SYSTEM FOR PLUG BACK, DEEPENING, RE-COMPLETION, P&A, T&A OPERATIONS DESIGN AND CONSTRUCTION

