HOBBS OCD

District I 1625 N. French Dr., Hobbs, NM-88240 District II 811 S. First St., Artesia, NM 88210 1000 Rio Brazos Road, Aztec, NM 87410., District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico MAY 2 Energy Minerals and Natural Resources Department-

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

For closed-loop systems that only use above

Form C-144 CLEZ

Revised August 1, 2011.

ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only-use above ground steel to	anks or haul- <u>off bins and</u>	propose to implement	waste removal f	<u>or c</u>	<u>losure)</u>

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 hability should operations result in pollution of surface water, ground water of 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. _Ridgeway Arizona Oil Corp.____ Address: 200 N. Loraine, STE 1440 Midland, TX 79701 OCD Permit Number: P1-04620 Facility or well name: __Garretson Federal #2_____ API Number: ___30-005-10091_____ U/L or Qtr/Qtr G Section 25 Township 08S Range 32E County: Chaves Center of Proposed Design: Latitude Surface Owner: A Federal State Private Tribal Trust or Indian Allotment 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) \(\omega \). P&A ☐ Above Ground Steel Tanks or ☐ Haul-off Bins 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 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: _____ 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: __Gandy Marley's Disposal Location _____ Disposal Facility Permit Number: ____ NM-01-0019 _____ Disposal Facility Name: __CRI's Halfway Disposal Facility _____ Disposal Facility Permit Number: ____NM-01-0006___ 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 **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. Title: Mgr,- Regulatory_____ Name (Print): Date: 5/21/2012 Signature:

e-mail address: jtrue@enhancedoilres.com

Telephone: 432-687-0303

7. OCD Approval: Permit Application (including closure plan) Closure P	lan (only)			
OCD Representative Signature:	Approval Date: 5-22-60/			
Title: STAFF/MGF	Approval Date: 5-22-20/6 OCD Permit Number: 4/04620			
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:				
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 operate Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ons:			
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:			



Form C-144 CLEZ attachment

Garretson Federal #002 G-25-08S-32E API #30-005-10091 Chaves Co, NM

Equipment & Design:

EOR Operating Company, Inc. will use a closed loop system in the drilling of this well. The system is designed to maintain all solids and fluids. The equipment is arranged to progressively remove solids from the largest to the smallest size. Drilling fluids can thus be reused and savings realized in disposal costs. The following equipment will be on location:

- 1. 500 bbl. "frac tank"
- 2. Cutting boxes
- 3. Reserve fluids

Operations & Maintenance:

During each day of operation, the rig crews will inspect and closely monitor the fluids contained within the steel tanks and visually monitor any release that may occur. Should a release, spill or leak occur, the NM OCD District 1 office in Hobbs, NM will be notified @ 575-393-6161 as required in NM OCD's rune 19.15.29.8.

Closure:

After drilling operations, fluids and solids will be hauled and disposed at:

- 1. Primary site Gandy-Marley Disposal location, Permit #NM 01-0019
- 2. Secondary site CRI's Halfway Disposal Facility, Permit #NM 01-0006