<u>District 1</u> 1625 N. French Dr , Hobbs, NM 88240

State of New Mexico Interest Minerals and Natural Resources Department

Form C-144 CLEZ July 21, 2008

District III
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410

APR 1 4 ZUIU

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

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.

District IV 1220 S St Francis Dr., Santa Fe, NM 8/500BBSUCD

Closed-Loop System Permit or Closure Plan Application

<u>(that only use above ground steel tanks or naul-off</u>	toins 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

Operator: Place Resources Tac. OGRID # 180 387 Address: P.O. Box 2200 F: WDRH TV T66113 Facility or well mane: FEDERAL D-2 API Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: 30 - 025 - 043 37 OCD Permit Number: Pl-D4770 U.I. or QiriQir Number: Analysis of Private Tribal Trust or Indian Allotment 20 Glosed-loop System: Subsection H of 19.15.17.11 NMAC Doperation: Dilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Pe&A 20 Signed in compliance with 19.15.3.103 NMAC 21 23	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			
Operator: Flace Resorges To. OGRID # 180387 Address: P.O. Box 2200 Fr. Work 1 TX 76(13) Facility or well name: FEDERAL D-2 API Number: 30 - 025 OF 377 OCD Permit Number: PID4770 U/L or Qtr/Qtr Nw/NE Section 220 Township 205 Range 360E Country: Lea Center of Proposed Design: Latitude Longitude NAD: 1981 Surface Owner: Federal State Private Tribal Trust or Indian Allotment Surface Owner: Federal State Private Tribal Trust or Indian Allotment Design Indian 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 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-hoop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Intractions: Each of the following tenses 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 19.15.17.12 NMAC Closed-hoop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.12 NMAC Design Plan- based upon the appropriate requirements of 19.15.17.12 NMAC Operating and Maintenance Plan- 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 Plan Plan Plan Plan Plan Plan Plan	environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.			
API Number: 30 — 025 — 04337 OCD Permit Number: \$\frac{1}{2}\text{D4770}\$ OULD Formit Number: \$\frac{1}{2}\text{D4770}\$ Output of the formit of Proposed Design: Latitude	Operator: Finley Resources Inc OGRID#. 180387			
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e-mail address: BHOWEL @ FINLEY RESOURCES, con Telephone: 817 336-1924	e-mail address: BHOWER DEINI ON PENNINGES CON Telephone: 817 336-1974			

OCD Approval: Permit Application (including closure plan) Closure P		
OCD Representative Signature: Mafey Stown	Approval Date: 6/18/2012	
Title: Compliance Officer	OCD Permit Number: \$\frac{P1-04770}{}\$	
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 Instructions: Please indentify the facility or facilities for where the liquids, drie 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 <i>will not</i> be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) \(\subseteq \) 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:	

Finley Resources, Inc

Federal D-2

Lea County, NM

API# 30-025-04337

Equipment and Design:

Finley's agent will use a "Closed Loop" system in the plugging and abandonment of this well. The following equipment will be on location: (1) 250 bbl Steel pit

Operations and Maintenance:

During each day of operation, the rig crew will inspect and monitor the fluids contained within the steel tank and visually monitor any release that may occur. Should a release, spill or leak occur, the NMOCD District 1 office in Hobbs, NM (575 393-6161) will be notified as required in NMOCD rule 19.15.29.8.

Closure:

After plugging operations, fluids and solids will be hauled and disposed at New Mexico OCD approved disposal facility