HOBBS OCD District I 1625 N French Dr., Hobbs, NM 88240

District II 811 S First St , Artesia, NM 88210

District III 1220 S St. Francis Dr , Santa Fe, NM 87505 1000 Rio Brazos Road, Aztec, NM 87410

2 2012 Energy Minerals and Natural Resources Department Oil Conservation Division

State of New Mexico

1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ Revised August 1, 2011

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 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.

val of this request does not relieve the operator of liability chould operations result in pollution of surface water, ground water or the

			e governmental authority's rules, regulations or ordinances.	
ı. Operator: Ridgeway Arizona Oi	l Corp	OGRID #:	164557	
Address: 200 N. Loraine, STE				
Facility or well name: Tkl 22 Fe	deral #1			
API Number: 30-041-10540		OCD Permit Number:	P1-04905	
			County: _Roosevelt	
			NAD: □1927 □ 1983	
	ate Private Tribal Trust or Inc			
Above Ground Steel Tanks or 3.	Workover or Drilling (Applies Haul-off Bins	to activities which require prio	r approval of a permit or notice of intent)	
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 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: Gand	y Marley Location		mit Number:NM -01-0019	
	s Halfway Disposal Facility		mit Number:NM-01-0006	
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> 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 G 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 Certifica	tion:			
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): Jana True		Title:Mgr - R	Regulatory	
Signature: Date:				
o mail addraggy itms@aut	lailma aam	Talankanan		

7. OCD Approval: Permit Application (including closure plan) Closure l	
OCD Representative Signature:	Approval Date: 7-/2- 20/2
Title:	Approval Date: 7-/2-20/7 OCD Permit Number: 91-04905
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the section o	to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this
Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, draw 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 c ☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No	or in areas that will not be used for future service and operations?
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	tions:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require	
Name (Print):	Title:
Signature:	Date:
e-mail address:	. Telephone:



Form C-144 CLEZ attachment

Tkl 22 Federal #1 B-27-07S-33E API #30-041-10540 Roosevelt 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 rule 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