District I 1625 N. French Dr., Hobbs, NM 88240 District II

811 S. First St., Artesia, NM 88210 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87503

HOBBS OCD Energy Minerals and Natural Resources State of New Mexico

> Oil Conservation Division 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)

Permit Closure Type of action:

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.

se 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

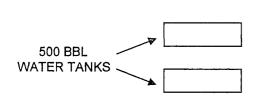
revironment. Nor does approval relieve the operator of its responsibility to comply with any of		
Operator: Yates Petroleum Corporation OGRID #:	025575	
Address: 105 South Fourth Street, Artesia, NM 88210		
Facility or well name: BERRY APN ST #1		
API Number 30-025-27250 OCD Permit Nu	mber: 11-04953	
U/L or Qtr/Qtr Section 5 Township 21S Range 34E Cou		
Center of Proposed Design: Latitude Longitude		
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		
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: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating and Maintenance Plan API Number: □ Previously Approved Operating API Number: □ Previously Approved Operating API Number: □ Previously 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: <u>CRI-R 9166</u> Disposal Facility Po	ermit Number:	
Disposal Facility Name: Disposal Facility Permit Number	er:	
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 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): Title:		
Signature: Mishe alle		
e-mail address: mikea@yatespetroleum.com	Telephone: <u>(575) 748-4218</u>	

7.  OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature: Approval Date:		
Title: PETROLSOM, ENGINEER	OCD Permit Number: 11-04953	
8.  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:	Disposal Facility Permit Number:	
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		
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:	



## **Attachment to C-144 CLEZ**

**RE-COMPLETION** 



WELL

PULLING UNIT SWAB TANK 5<u>00-250 BB</u>L