

HOBBS OGD
JUL 18 2012
RECEIVED

Disposal
1675 N. Central Dr., Hobbs, NM 87401
231-1611
1675 N. Central Dr., Hobbs, NM 87401
231-1611
1675 N. Central Dr., Hobbs, NM 87401
231-1611
1675 N. Central Dr., Hobbs, NM 87401
231-1611

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
Revised 01/08/01

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 NMOC District Office

Closed-Loop System Permit or Closure Plan Application

(Do not 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 operation result in pollution of surface water, ground water or the environment. No discharge approval relieves the operator of its responsibility to comply with any other applicable government authority's rules, regulations or ordinances.

Operator: GREAT WESTERN DRILLING COMPANY

OGD Permit Number: 009538

Address: P.O. BOX 1659 MIDLAND, TX 79702

Facility or well name: SOUTH CARTER SA 1 NPL #101

API Number: 20-025-07916

OGD Permit Number: PI-04956

Uplift or Oil/Gas

Section 5

Township 18S

Range 39E

County: UTAH

Center of Proposed Design: Latitude

Longitude

NAD 83 42° 02' 19.5"

Surface Owner: ☐ Federal ☐ State ☒ Private ☐ Tribal Trust or Indian Allotment

☒ Closed-loop System: Subsection 19-15-17-13 NMAC

Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require pre-approval of a permit or notice of intent) ☒ Workover or Drilling

☒ Above Ground Steel Tanks or ☐ Haul-off Bins

Signatures: Subsection 19-15-17-13 NMAC

☐ 12x24" photograph providing Operator's name, site location, and emergency telephone numbers

☒ Signed non-compliance with 19-15-16 NMAC

Closed-loop Systems Permit Application Attachment Checklist Subsection 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)

☒ Operator's and Maintenance Plan (based upon the appropriate requirements of 19-15-17-13 NMAC)

☒ Closure Plan (Please complete Box 51 based upon the appropriate requirements of Subsection C of 19-15-17-9 NMAC and 19-15-17-13 NMAC)

☐ If closure: Approved Design (attach copy of design) API Number

☐ If closure: 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: Subsection 19-15-17-13 NMAC

Instructions: Please identify 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

Disposal Facility Permit Number: NMG1 00119

Disposal Facility Name: RASIN AU LANCE

Disposal Facility Permit Number: R 836

Will use the proposed closed-loop system operations and associated activities occur on or in areas that will not be needed for future waste disposal operations?

☐ Yes (If yes, please provide the information below) ☐ No

Required for operations: ☐ Each well shall not be used for future service and operations

☐ Well Bore and Casing Design Specifications (based upon the appropriate requirements of Subsection H of 19-15-17-13 NMAC)

☐ Requirements for Well Casing (based upon the appropriate requirements of Subsection I of 19-15-17-13 NMAC)

☐ Site Remediation 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.

Signature: SAM ROBERTS

Title: AREA ENGINEER

Signature: [Signature]

Date: 07/17/2012

E-mail address: roberts@gwyde.com

Telephone: (432) 682-5241

JUL 19 2012

JUL 19 2012

OCD Approval: ☐ Permit Application (up to 48 hours to complete) ☐ Closure Plan (only)

OCD Representative Signature

Approval Date

Title:

OCD Permit Number:

Closure Report (required within 60 days of closure completion): Subsection 18.019.15.17.13 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: _____

Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Hand-off Bins Only:

Instructions: Please identify 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 in a way that will not be used for future service and operations?

☐ Yes (If yes, please describe compliance to the items below) ☐ No

Required for impacted areas which will not be used for future service and operations:

☐ Site Remediation Plan (Documentation)

☐ Soil Bacteriology and Cover Identification

☐ Reclamation Application Rate and Seeding Technique

Operator Closure Certification:

I hereby certify that the information and statements 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): SAM ROBERTS

Title: AREA ENGINEER

Signature: _____

Date: 07/17/2012

e-mail address: roberts@azwdk.com

Telephone: (432)682-5241

Great Western Drilling Company
South Carter San Andres Unit #101
Unit J, Section 5, T18S, R39E
Lea County, New Mexico
API #30-025-07916

Equipment and Design Plan

Great Western Drilling Company will use a closed loop system in the plug and abandonment of this well. The following equipment will be on location:

1. 250 bbl steel reverse tank

Operations and Maintenance Plan

During each day of operation, the rigs crew will inspect and closely 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 (575-393-6161) will be notified, as required in NMOCD'S rule 19.15.29.8.

Closure Plan

After the plugging operation fluids and solids will be hauled and disposed at Gandy-Marley Disposal's location, permit number NM 001-0019. The secondary site will be the Basin Alliance, LLC location, permit number R-816.