G2:N. French, Dr., Hobbs, NM 88240         Energy Minerals and Natural Resources, Mineral Participation, Department, Department, Aresin, NM 88240 PR 0 4 200 (1) Conservation Division.         For effect Participation and the set of th	<b>`</b>	
Closed-Loop System Permit or Closure Plan Application (the only, use above ground stel lonks or hould of hins and propose to implement vaste reaution for closure) Type of action: [2] Permit [2] Closure Learner that only use above ground state links or hould of the state House House years request. For any application request other than for a classic house the theory and the segment of the space links of hours of the segment of the space links o		ABSOLE
(that andy, use above granud sted) (mits or hand/off hins and properts in implement watte centraal far_clasure)         Type of action:       Premix       Classed-op system request. Far any application request of the far a classed-op system request. Far any application request of the far a classed-op system far any application request of the far a classed-op system far any application request of the far and property of the property of the approximation of the classed op system request. Far any application request of the earth and the application request of the far any application request of the earth and the application request of the application or adiamecs.         (prentor:	HOBBS OCD State of New MexicDistrict LEnergy Minerals and Natural1625 N. French Dr., Hobbs, NM 88240Energy Minerals and NaturalDistrict LLDepartment1301 W. Grand Avenue, Artesia, NM 8821APR0 4 2012District LLLDepartment1000 Rio Brazos Road, Aztec, NM 874101220 South St. FranciDistrict LV1220 South St. Franci1220 S. St. Francis Dr., Santa Fe, NM 87505Santa Fe, NM 87505	NOULForm C-144 CLEZResourcesJuly 21, 2008isionFor closed-logge stems that only use above ground are thinks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.
Lastraction:         Reserved in an explored on (Form C-144 CE22) per individuel classed-bog payteen request. For explored payteen request and the form of explored payteen is the optical payteen strengt of the classe, plant and the optical payteen strengt of the classe, plant and the optical payteen strengt of the classed payteen is a provide and provide the payteent of the classed payteent explored and classes of the cl	(that only use above ground steel tanks or haul-off bins and prop	ose to implement waste removal for closure)
Address:       200 N. Loraine, Ste. 800       Hidland, TX 79701         Pacility or well name:       Eugene Cotes #4         API Number:       30-025-09508         OCD Permit Number:       PI-OL3S1         Lu or GurQu       P         Section       3         Township       24S         Range       36E         Conter of Proposed Design:       Latitude         Lu or GurQu       P         Section       3         Township       24S         Range       36E         Caused-lang-System:       Subsection H of 19.15.17.11 NMAC         Operation       Drilling a new well       QWorkover or Drilling (Applies to activities which require prior approval of a permit or noise of intent)         Z Above Ground Stell Tanks or       Haul-Off Bins         Signed in compliance with 19.15.3.103 NMAC       Conservices of the following iterus must be attached to file optication. Please inflates, by a check mark in the box, that the documents are attached.         Q Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Decistor Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Decistor Plan - based upon the appropriate requirements of 19.15.17.13 NMAC         Decistor Plan	Instructions: Please submit one application (Form C-144 CLEZ) per individual closed closed-loop system that only use above ground steel tanks or haul-off bius and propose to Please he advised that anoroval of this request does not relieve the operator of liability should operate the second statement of the second s	-loop system request. For any application request other than for a o implement waste removal for closure, please submit a Form C-144. ations result in pollution of surface water, ground water or the
Address:       200 N. Loraine, Ste. 800       Hidland, TX 79701         Pacility or well name:       Eugene Cotes #4         API Number:       30-025-09508         OCD Permit Number:       PI-OL3S1         Lu or GurQu       P         Section       3         Township       24S         Range       36E         Conter of Proposed Design:       Latitude         Lu or GurQu       P         Section       3         Township       24S         Range       36E         Caused-lang-System:       Subsection H of 19.15.17.11 NMAC         Operation       Drilling a new well       QWorkover or Drilling (Applies to activities which require prior approval of a permit or noise of intent)         Z Above Ground Stell Tanks or       Haul-Off Bins         Signed in compliance with 19.15.3.103 NMAC       Conservices of the following iterus must be attached to file optication. Please inflates, by a check mark in the box, that the documents are attached.         Q Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Decistor Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Decistor Plan - based upon the appropriate requirements of 19.15.17.13 NMAC         Decistor Plan	Operation: XTO Energy Inc.	OGRID #· 005380
Facility or well nume:       Eugene Coates #4         AP! Number:       30:025:09508       OCD Permit Number:       PI-O4391         Lea       Control of Proposed Design:       Linuidation       Lea         Center of Proposed Design:       Linuidation       Longitude       NAD.       1927       1983         Surface Owner:       Pederal       State El Private       Trust or Indian Allowent       Image: State El Private       NAD.       1927       1983         Surface Owner:       Pederal       State El Private       Trust or Indian Allowent       Image: State El Private       NAD.       1927       1983         Casad-Jang, System:       Subsection R of 19.15.17.11 NMAC       Operation:       Operation:       Pailing a new well El Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       P&A         Signed in compliance with 19.15.3.103 NMAC       Image: State El Private El Pr		
AP1 Number:       30-025-09508       OCD Permit Number:       P1-04391         U/L or QH/Qtr       P       Section       3       Township       24S       Range       36E       County:       Lea         Center of Proposed Design: Latitude       NAD: [1927 [1933       NAD: [1927 [1933       NAD: [1927 [1933         Surface Owner:       Frederal       State II Private       Tribal Trust or Indian Allotment       NAD: [1927 [1933         Surface Owner:       Frederal       State II Private       Tribal Trust or Indian Allotment       NAD: [1927 [1933         Surface Owner:       Frederal       State II Private       Tribal Trust or Indian Allotment       NAD: [1927 [1927 [1933         Surface Owner:       Frederal       State II Private       Tribal Trust or Indian Allotment       NAD: [1927 [1927 [1933         Signes:       Subsection C of 19:15:17.11 NMAC       Signes:       Signes Intercomptide Steel Trans.       P&A         Signes:       Subsection B of 19:15:17.9 NMAC       Signes:       Signes: Intercomptide requirements of 19:15:17.9 NMAC         Departing and Maintenance Phatchet to the appropriate requirements of 19:15:17.12 NMAC       Social Pont (Pease indentify the following items must be attrachet to the appropriate requirements of 19:15:17.19 NMAC and 19:15:17.13 NMAC         Departing and Maintenance Phatchest por the appropriate requirements of 19:15:17:12 NMAC		//01
U/L or Qit/Qir_       P       Section       3       Township       24S       Range       36E       County;       Leag         Center of Proposed Design: Latitude	A Pt Number: 30-025-09508 OCD Pert	nit Number: P1-04391
Center of Proposed Design: Latitude       Longitude       NAD: [1927 [1983]         Surface Owner:       Federal State [2] Private [] Tribal Trust or Indian Allotment	U// or Orr/Otr P Section 3 Township 24S F	ange 36E County: Lea
Surface Owner:       Pederal       State [X] Private       Tribal Trust or Indian Allotment         3       ClassdLhap, 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         3       Above Ground Steel Tanks or       Haul-off Bins		-
Image: System:       Subsection H of 19.15.17.11 NMAC         Operation:       Opriling a new well       Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       P&A         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.10 nmac       Image: Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.10 NMAC       Image: Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.10 NMAC       Image: Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.10 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection C of 19.15.17.1		
attached.         Image: Design Plan - based upon the appropriate requirements of 19.15.17.11 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         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 D NMAC)         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 D NMAC)         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 D NMAC)         Image: Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 D NMAC         Disposal Facility Name:	12"x 24", 2" lettering, providing Operator's name, site location, and emergency tele     Signed in compliance with 19.15.3.103 NMAC      Clased-loop Systems Permit Application Attachment Checklist: Subsection B of 1	9.15.17.9 NMAC
Previously Approved Operating and Maintenance Plan       API Number:         5.       Waste Remaval Closure Ear Closed-loap Systems That Ililize 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:	attached.           Image: State of the second secon	5.17.12 NMAC
S.         Waste Removal Closure For Closed-loop Systems That Iltilize Above Ground Steel Tanks or Houl-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 instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two instructions:	Previously Approved Design (attach copy of design)	
Waste Remaval Closure For Closed-Ioap Systems That Iltilize Above Ground Steel Tanks or Houl-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:	Previously Approved Operating and Maintenance Plan     API Number:	
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)       Image: No         Required for impacted areas which will not be used for future service and operations:       Image: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC         Image: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC         Image: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Soil Backfill and 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):       Fatty Urias         Signature:       Other of the sector of the s	Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling	fluids and drill cuttings. Use attachment if more than two
Yes (If yes, please provide the information below)       [x]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 Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Rechamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Required (Print):       Fatty Urias         Signature:       Other Subsection Subsection I of 19.15.17.13 NMAC         Signature:       Other Subsection Subsection I of 19.15.17.13 NMAC	Disposal Facility Name: Disposa	Facility Permit Number:
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.         Name (Print):       Fatty Urias         Title:       Regulatory Analyst         Signature:       04/02/12         c-mail address:       patty urias@xtoenergy.com	Will any of the proposed closed-loop system operations and associated activities occur on Yes (If yes, please provide the information below)	n or in areas that will not be used for future service and operations?
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):       Fatty Urias         Title:       Regulatory Analyst         Signature:       04/02/12         c-mail address:       Date:         432.620.4318	Re-vegetation Plan - based upon the appropriate requirements of Subsection 1 of     Sitc Reclamation Plan - based upon the appropriate requirements of Subsection 0	19.15.17.13 NMAC
Signature:       Pate:       04/02/12         c-mail address:       patty urias@xtoenergy.com       Telephone:       432.620.4318	<ul> <li>Operator Application Certification:</li> <li>1 hereby certify that the information submitted with this application is true, accurate and</li> </ul>	complete to the best of my knowledge and belief.
c-mail address:	Name (Print): Patty Urias	Title: Regulatory Analyst
c-mail address:	Signature: Patty Unas	Date:04/02/12
	Form C-144 CLEZ Oil Conservation Division	Page 1 of 2

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7       OCD Approval:       X Permit Application (influening closure plan)       Closure Plan (only)         OCD Representative Signature:       Approval Date:       4-4-20/2         Title:       STATE MEED       OCD Permit Number:       P-04391		
B. 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: 8/15/12		
9. Closure Report Regarding Waste Removal Clasure For Closed-loop Systems That Iltilize 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 Name: Disposal Facility Permit Number:		
Were the closed-loop system operations and associated activities performed on 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 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): Stephanie Rabaclul Title: Regulator for alight		
Signature: Atiphania Rabadue Date: B-15-12		
e-mail address: Stephynie _ mbnduce @ Xto energy . COM Telephone: 432-420-10714		
MW/06D 8-21-12		

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