## State of New Mexico

HOBBS OCE Energy Minerals and Natural Resources Department

Form C-144 CLE July 21, 200

1625 N. French Dr., Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210

District !

District III 1000 Rio Brazos Road, Aztec, NM 87410 AUG 1 7 2012 District IV 1220 S St Francis Dr., Santa Fe, NM 87505

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.

RECEIVED

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)

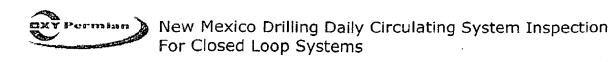
Type of action Permit Closure

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.

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

environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
Operator
Address: P.O. Box 50250 Midlend TX 79710
Pacility or well name. Bluitt SA 13 Federal #14
API Number: 30-041-70276 OCD Permit Number:
U/L or Qti/Qtr N Section 13 Township SS Range 37E County. Roosevett
Center of Proposed Design: Latitude 33.6159 Longitude 103.1062 NAD: 21927 1983
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)
Above Ground Steel Tanks of 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
4
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:  API Number:
Previously 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: (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. Control Recover Free. Disposal Facility Permit Number: WM-01-0006
Disposal Facility Name: Disposal Facility Permit 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) 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:
Operator Application Cerumenton:  Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print) Duvid Stewart Title: Regulatory Houison
Signature: Date 015112
e-mail address david stewart ory.com Telephone: 432-655-5717
Form C-144 CLE7 Oil Conservation Division Page 1 of 2

7. OCD Approval: Permit Application (including elesure plan) Closure P		
OCD Representative Signature:	Appro	oval Date: 7-5-20/2
Title:	OCD Permit Number:	P1-05143
8 Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior t The closure report is required to be submitted to the division within 60 days of to section of the form until an approved closure plan has been obtained and the clo	o implementing any closure acti- he completion of the closure acti- osure activities have been comple Closure Completion Date	vities. Please do not complete this eted.
Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drill two facilities were utilized.  Disposal Facility Name.  Disposal Facility Name.  Were the closed-loop system operations and associated activities performed on or  Yes (If yes, please demonstrate compliance to the items below) No  Required for impacted areas which will not be used for future service and operation  Stie Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	That Utilize Above Ground Stelling fluids and drill cuttings were Disposal Facility Permit Number Disposal Facility Permit Number in areas that will not be used for the stelling of the stell	e disposed. Use attachment if more than e1er:er:er:er:er:er:er:er:er:er:er:er:er:er:er:er:er:
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem		
Name (Print).	- 6	
Signature:	Date:	
e-mail address:		·



Wellname:				Permit #:	Permit #:			Rig Mobe Date:				
County:		Rig Demob						Date:				
Inspection	Date	Time	By Whom	Any drips or leaks from contained?* Explain.	m steel tanks, lines	or	pumps not	Has any disposed	hazardous waste of in system?	) been		
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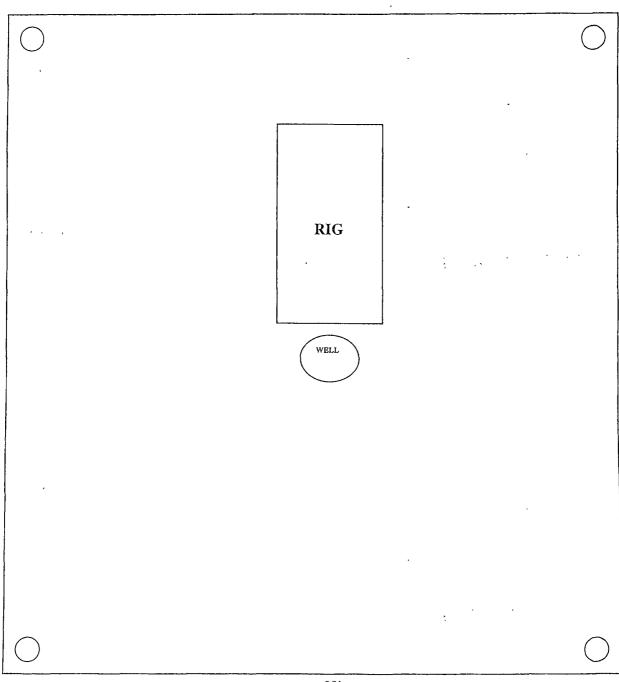
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NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

All circulating systems to be inspected DAILY during drilling operations.

\*Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

## C-144CLEZ P&A Attachment-RIG LAY-OUT



30' ←▶

15, 🛊

STEEL PIT