

HOBBS OGD
SEP 11 2012
RECEIVED

District I
1625 N French Dr., Hobbs, NM 88240
District II
811 S First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Artec, NM 87410
District IV
1220 S St Francis Dr., Santa Fe, NM 87505

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 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 NMOC 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.

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:	Cross Border Resources, INC	OGRID #:	286614
Address:	2515 HICKINNEY AVE SUITE 900, DALLAS, TX 75201		
Facility or well name:	TOMBIG STAKE #1		
API Number:	30-005-20486	OCD Permit Number:	P1-05160
U/L or Qtr/Qtr:	A	Section:	36
		Township:	7
		Range:	31
		County:	CHARLES
Center of Proposed Design:	Latitude	Longitude	NAD: <input type="checkbox"/> 1927 <input type="checkbox"/> 1983
Surface Owner:	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment		

1	<input type="checkbox"/> Closed-loop System: Subsection H of 19 15 17 11 NMAC
Operation:	<input type="checkbox"/> Drilling a new well <input checked="" type="checkbox"/> Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input type="checkbox"/> P&A
	<input checked="" type="checkbox"/> Above Ground Steel Tanks or <input type="checkbox"/> Haul-off Bins

3	Signs: Subsection C of 19 15 17 11 NMAC
	<input checked="" type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
	<input type="checkbox"/> Signed in compliance with 19 15 16 8 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.	
<input checked="" type="checkbox"/>	Design Plan - based upon the appropriate requirements of 19 15.17 11 NMAC
<input checked="" type="checkbox"/>	Operating and Maintenance Plan - based upon the appropriate requirements of 19 15.17 12 NMAC
<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	Previously Approved Design (attach copy of design) API Number: _____
<input type="checkbox"/>	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 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:	R360
Disposal Facility Permit Number:	NM-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?	
<input type="checkbox"/> Yes (If yes, please provide the information below) <input type="checkbox"/> No	
Required for impacted areas which will not be used for future service and operations	
<input type="checkbox"/>	Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19 15 17 13 NMAC
<input type="checkbox"/>	Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19 15.17.13 NMAC
<input type="checkbox"/>	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):	Tammy W. Folsom
Title:	AGENT
Signature:	[Signature]
Date:	9-7-12
e-mail address:	
Telephone:	

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7. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: _____

Approval Date: _____

Title: _____

OCD Permit Number: _____

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 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 on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☐ 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

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): _____

Title: _____

Signature: _____

Date: _____

e-mail address: _____

Telephone: _____

RMR Operating, LLC.
415 West Wall Suites 910
Midland, Texas 79701

Phone 214-871-0400

WORKOVER PROCEDURE

September 6, 2012

Cross Border Resources, Inc.
Tom 36 State #1 SWD
Sec 36, T-7S, R31E
SHL 660' FNL & 660' FEL
BHL 1897' FNL & 1695' FEL
Chaves County, New Mexico

API # 30-005-20686

GL: 4418' KB: 4430'

Form C-144 CLEZ

Design Plan:

A 200 Bbl open top steel tank will be rented from Cavalos, and will be used for this job.
The tank will be used to circulate water and cement (cement will have sugar added to prevent it from setting up) from well bore into.
A 500 Bbl steel frac tank will be set to hold fresh water to circulate into well bore.

Operating and Maintenance Plan:

The tanks will be monitored at all times and will be checked daily to insure no leaks occur in the tank. The tanks will be walked around daily to look for potential leaks.

Closure Plan:

The tanks will be emptied of all fluids and the fluid will be disposed at ~~CRI~~ R360

Tommy W. Folsom
EVP & Director of E&P