Closed-Loop System Permit And Closer Plan Application     (hat only use above primed steel tanks or hunk-off bits and propose to implement water consul for closure)     Type of action:      (Permit: Closure Plan Application     (that only use above primed steel tanks or hunk-off bits and propose to implement water consul for closure)     (The set advected hangeves of the register of its preportability to complex white and propose to implement water consul for closure place     (the set advected hangeves of the register of its preportability to complex whit are other upplication     (The set advected hangeves of the register of its preportability to complex whit are other upplication     (the set approach filters the operator of its preportability to complex whit are other upplication     (the set approach filters the operator of its preportability     (the set approach filters     (the other upplication     (the	District I 1625 N. French Dr., Hobbs, NM 88240HOBBS OCD HOBBS OCD EnergyState of New Mexico Minerals and Natural Resources DepartmentDistrict III 1000 Rio Brazos Road, Aztec, NM 87410MAR 1 9 2013DepartmentDistrict IV 1220 S. St. Francis Dr., Santa Fe, NM 875051220 South St. Francis Dr.	Form C-144 CLE July 21, 200 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.			
(this only use above ground steel tanks or hand-off bits and propose to implement wate removal for closure)             Type of action:          (Permit □ closure)             Issuedias: Please submit one application (Fame CH4 EEE) per individuel closed-loop system request. For any application request other than for a         closed-loop system that any use above ground steel tanks or hand-off bits and propose to implement wate removal for closure, posed water or the         environment. Nor dest approval relieve the operator of lister possibility to comply with any other applicable governmental authority's rules; regulations or archinactes.             Operator:          Clevron Muldeonitzmer, LP.           OGRID #: _4323             API Number:          30-3025-30852           OCD Permit Number:          PI-OSP24             VA or QurQr           Section         S1         Township         _17-55         Range         36-6_Courty:         _Long           Courty:         _Long             VA or QurQr           Section         S1         Township         _Long           Long           NAD:         [1927]           [983             Surface Owner:          Prodest           Long           Long           NAD:         [1927]           [983             Surface Owner:          Prodest           Long	NECENED Santa I C, INIVI 07505	A 11 /			
Type of action:          Permit              Closure           Instructions:       Plene submit one application (Form C144 CLED per infitibility should operation permits of instructions peaks table of the form C144           Instructions:       Plene submit one application request offs to markel fibre with any offset application request offset approval of this request offset to comply with any offset applicable governmental advectify study, regulated or ordinates:          Operator:              Chevron Mudeonium, L.F.					
Instruction: Plane submit one application (Perm C-144 CLE2) per individuel dosel-long system request. For any application request offer then for a clocology system request. For any application request offer then for a clocolocy system request. For any application request offer then for a clocolocy system request. For any applicable system request in pollution of antirice water, ground water or the entry and the spectrator of its request doses of the likely to comply with any other applicable governmental authority's cites, regulations or ordinances. The dots approval relieve the operator of its responsibility to comply with any other applicable governmental authority's cites, regulations or ordinances. The dots approval relieve the operator of its responsibility to comply with any other applicable governmental authority's cites, regulations or ordinances. The dots and the dots		ment waste removal for closurej			
environment. Nor dees approval relieve the operator of its responsibility to comply with any other applicable governmental authority's roles, regulations or ordinances.  Coperator:	Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system reques closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste	e removal for closure, please submit a Form C-144.			
Operator:       Chevron Midcontinum, L.P.       OGRID #: 4323         Address:       13 Split/ Ruad Midland, TX 27055         Pacifity or well name, Mobil 3 State # ull         API Number:       0023530833         OCD Permit Namber:       DOCSPQL4         VAL or QurQtr       0       Section         Surface Owner:       Federal @ State         Provide:       Surface Owner:       Federal @ State         Provide:       Surface Owner:       Federal @ State         Provide:       Disorder Or Provide Obsign:       Latitude         Above Ground Steet Tanks on    HaubedT Bins       Issection C of 19.15.17.11 NMAC         Operator:       Drilling a new well       Pistation Allowner         Signs:       Subsection C of 19.15.17.11 NMAC         Disord Ground Steet Tanks on    HaubedT Bins       Issection C of 19.15.17.11 NMAC         Classed loop Systems:       Permit Application Attachment Checklist:       Subsection C of 19.15.17.9 NMAC         Signs:       Subsection R of 19.15.10.3 NMAC       Issection C of 19.15.17.9 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC       Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.3 NMAC and 19.15.17.13 NMAC         Operating and Maintenance Plan - API Number:	environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable g				
Pacifity or well name; Moon State # 1 API Number:		3			
API Number:       30-0235-308557       OCD Permit Number:       PLOST244         UI. or QIP(UT	Address: 15 Smith Road Midland, TX 79705				
U/L. or QurQur	Facility or well name: Mobil 5 State # 1				
U/L. or QurQur	API Number: <u>30-025-30857</u> , OCD Permit Number: <u>41-05</u>	5924			
Surface Owner:       Federal State       Private       Tribal Trust or Indian Altotment         Image: Subsection I of 19.15.17.11 NMAC       Operation:       Diffing 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       Image: Subsection C of 19.15.17.11 NMAC         Signs:       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 B of 19.15.17.9 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection B of 19.15.17.9 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection B of 19.15.17.12 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection Subsection C of 19.15.17.10 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection Subsection Subsection C of 19.15.17.13 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection:       Subsection C of 19.15.17.13 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection:       Subsection:       Subsection C of 19.15.17.13 NMAC       Image: Subsection:         <	U/L or Qtr/QtrOSection5 Township17-SRange	36-E County: Lea			
Surface Owner:       Federal State       Private       Tribal Trust or Indian Altotment         Image: Subsection I of 19.15.17.11 NMAC       Operation:       Diffing 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       Image: Subsection C of 19.15.17.11 NMAC         Signs:       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 B of 19.15.17.9 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection B of 19.15.17.9 NMAC         Image: Subsection C of 19.15.17.11 NMAC       Image: Subsection B of 19.15.17.12 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection Subsection C of 19.15.17.10 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection Subsection Subsection C of 19.15.17.13 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection:       Subsection C of 19.15.17.13 NMAC       Image: Subsection C of 19.15.17.13 NMAC         Image: Subsection:       Subsection:       Subsection C of 19.15.17.13 NMAC       Image: Subsection:         <	Center of Proposed Design: Latitude Longitude	NAD: 1927 1983			
Section Provides Construction:       □ Driling a new well    Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       Image: Previde Prevides					
Signs:       Subsection C of 19.15.17.11 NMAC         I2"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers       Isigned in compliance with 19.15.3.103 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.         Obesign Plan - based upon the appropriate requirements of 19.15.17.11 NMAC       Ising and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 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         Previously Approved Design (attach copy of design)       API Number:         Previously Approved Operating and Maintenance Plan       API Number:         Subsection C Closere For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)         Instructions:       Pleaviously Approved Operating and Maintenance Plan         Disposal Facility Name:       SUNDANCE INC       Disposal Facility Permit Number:         Disposal Facility Name:       SUNDANCE INC       Disposal Facility Permit Number:       NM-01-003         Disposal Facility Name:       R360       Disposal Facility Permit Number:       NM-01-003         Disposal Facility Name:       SUNDANCE INC	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 applies	pproval of a permit or notice of intent) 🛛 P&A			
□ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         □ Signed in compliance with 19.15.3.103 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 Subsection C of 19.15.17.9 NMAC and 19.15.17.13 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:         □ Disposal Facility Name:					
□       Signed in compliance with 19.15.3.103 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 appropriate requirements of 19.15.17.11 NMAC         □       Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 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         □       Previously Approved Design (attach copy of design)       API Number:					
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.         Image: Instruction: 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         Image: Instruction: Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Previously Approved Design (attach copy of design)       API Number:					
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.					
□       Previously Approved Design (attach copy of design)       API Number:	<ul> <li>Instructions: Each of the following items must be attached to the application. Please indicate, by a cattached.</li> <li>☑ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>☑ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMA</li> </ul>	<i>heck mark in the box, that the documents are</i> C			
□       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 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:				
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:	5				
Disposal Facility Name:       R360       Disposal Facility Permit Number:       NM-01-0006         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         Betwee exceptation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC       Soil Backfill and Cover Design Specifications 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):	Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and dr				
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         G.         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):       Robert Holden       Title:       AGENT         Signature:       Date:       03/19/2013       03/19/2013					
□ 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):      Robert Holden       Title:AGENT         Signature:					
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 G of 19.15.17.13 NMAC   Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   Interest of the section Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   In		at <i>will not</i> be used for future service and operations?			
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):	Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Sub Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NM	AC			
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):	6. Operator Application Certification:				
Name (Print):		e best of my knowledge and belief.			
Signature: Date:03/19/2013					
Form C-144 CLEZ Oil Conservation Division MAR 2 8 Pass 10°2		Telephone: (432) 523-5155			
		MAR 2. 8 Pige 13 2			

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7.       OCD Approval:       Permit Application (including closure plan)       Closure P         OCD Representative Signature:       Mateur Application       Closure P	Plan (only)         )         Approval Date:         3         26         OCD Permit Number:
Title: Compliance Spice	OCD Permit Number: 11 03 127
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the c	K of 19.15.17.13 NMAC to implementing any closure activities and submitting the closure report. the completion of the closure activities. Please do not complete this
	Closure Completion Date:
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> <i>Instructions: Please indentify the facility or facilities for where the liquids, dri</i> <i>two facilities were utilized.</i>	
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 o Yes (If yes, please demonstrate compliance to the items below) No	r 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 operate         Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique	ions:
<ul> <li>Decrator Closure Certification:</li> <li>I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure required</li> </ul>	
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:

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Wellname:	Mobil 5	State # 1	Permit # :			Rig Mobe Date:				
County:	: Lea Co.				Rig Demobe Date:					
Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pum not contained? * Explain		or pumps	s Has any hazardous waste been disposed of in system?				
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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.

New Mexico Daily Circulating System Inspection - Closed loop

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## Mobil 5 State 1

