

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-144 CLEZ
July 21, 2008

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.

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.

1. Operator: John H. Hendrix Corporation OGRID #: 012024
Address: P. O. Box 3040, Midland, TX 79702-3040
Facility or well name: Sarkeys A #1
API Number: 30-025-06784 OCD Permit Number: PI - 06334
U/L or Qtr/Qtr G Section 26 Township T21S Range R37E County: Lea
Center of Proposed Design: Latitude _____ Longitude _____ NAD: 1927 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) P&A
 Above Ground Steel Tanks or Haul-off Bins OR VACUUM TRUCK

3. **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: _____
 Previously Approved Operating and Maintenance Plan API Number: _____

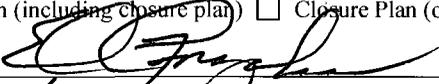
5. **Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.
Disposal Facility Name: Sundance Services Disposal Facility Permit Number: NM-01-0003
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:**
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): Carolyn Doran Haynes Title: Engineer
Signature: _____ Date: 05/28/13
e-mail address: cdoranhaynes@ihhc.org Telephone: 432-684-6631

JUL 29 2013

PM

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

OCD Representative Signature:  Approval Date: 06/10/2013

Title:  OCD Permit Number: PI-06334

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: 6/26/2013

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize 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: Sundance Services Inc Disposal Facility Permit Number: NM-01-0003

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)

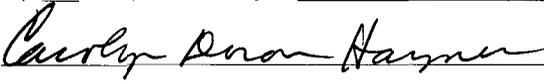
Soil Backfilling and Cover Installation

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): Carolyn Doran Haynes Title: Engineer

Signature:  Date: 7/19/2013

e-mail address: cdoranhaynes@jhhc.org Telephone: 432-684-6631

Submit within 45 days of well completion	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Revised February 15, 2012				
		1. WELL API NO. 30-025-06784	2. Well Name: SARKEY A #001			
HYDRAULIC FRACTURING FLUID DISCLOSURE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		3. Well Number: 001				
		4. Surface Hole Location: Unit:G Lot:G Section:26 Township:21S Range:37E Feet from:1980 N/S Line:N Feet from:1980 E/W Line:E				
		5. Bottom Hole Location: Unit:G Lot:G Section:26 Township:21S Range:37E Feet from:1980 N/S Line:N Feet from:1980 E/W Line:E				
		6. Latitude: Longitude: 32.4516677764155 103.131651448419				
		7. County: Lea				
8. Operator Name and Address: JOHN H HENDRIX CORP PO BOX 3040 MIDLAND 797023040		9. OGRID: 12024	10. Phone Number:			
11. Last Fracture Date: 6/14/2013 Frac Performed by: Frac Specialists LLC		12. Production Type: 0				
13. Pool Code(s): 6660, 19190, 60240		14. Gross Fractured Interval: 5,511 ft to 6,301 ft				
15. True Vertical Depth (TVD): 6,563 ft		16. Total Volume of Fluid Pumped: 1,130 bbls				
17. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION:						
Trade Name	Supplier	Purpose	Ingredients	(CAS #) Chemical Abstract Service #	Maximum Ingredient Concentration in Additive (% by mass)	Maximum Ingredient Concentration in HF Fluid (% by mass)
Water	Parker Energy	Water	Water	7732-18-5	100%	87.45357%
FBK-133	Frac Specialists LLC	Oxidative Breaker	Ammonium Persulfate	7727-54-0	99%	0.02628%
FCLA-MX	Frac Specialists LLC	Clay Control	Choline Chloride	67-48-1	62%	0.05958%
			Water	7732-18-5	38%	0.03652%
FBKA-412	Frac Specialists LLC	Gel Breaker Aid	Triethanolamine	102-71-6	54%	0.04649%
			Methyl Alcohol	67-56-1	16%	0.01377%
			Water	7732-18-5	30%	0.02583%
FB7	Frac Specialists LLC	Antimicrobial Solution	Sodium Chloride	7647-14-5	10%	0.00096%
			Sodium Hydroxide	1310-73-2	5%	0.00048%
			Sulfamic Acid/N-Bromo/Sodium Salt	1004542-84-0	25%	0.00239%
			Water	7732-18-5	70%	0.00669%
			Ammonium Alcohol Ether Sulfate	68891-29-2	50%	0.32113%
FFM-460LA	Frac Specialists LLC	Water Foaming Agent	Ethyl Alcohol	64-17-5	20%	0.12845%
			Methyl Alcohol	67-56-1	10%	0.06423%
			Water	7732-18-5	45%	0.28901%
			Silica/Quartz/SiO2	14808-60-7	100%	10.83376%
FGA-15L	Frac Specialists LLC	Water Gelling Agent	White Mineral Oil	8042-47-5	40%	0.24238%
			Guar Powder	900-30-0	60%	0.36356%
FNE-334LN	Frac Specialists LLC	Non-emulsifier for Acids	Cocamide Diethanolamine Salt	68603-42-9	7%	0.00595%
			Diethanolamine	111-42-2	3%	0.00255%
			Ethylene Glycol Monobutyl Ether	111-76-2	15%	0.01274%
			Methyl Alcohol	67-56-1	15%	0.01274%
			Water	7732-18-5	60%	0.05097%
18. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief.						
Signature:	Signed Electronically	Printed Name:	Rhonda Hunter	Title:	Manager	
Date:	7/17/2013					
E-mail Address:	Rhonda@JHHC.org					

NMOCDD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCDD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.