IdS N Francis Dr. Hobbe, NM 88240 IdS N Francis Dr. Smar Fe, NM 8730 Closed-Loop System Permit or Closure Plan Application (the only we above ground steel larks or hal-off that and reprote to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and reprote to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) Type of action (the only we above ground steel larks or hal-off that and proper to fundament wate removal for closure) (the only we above ground steel larks or hal-off that and proper to fundament wate removal or closure provement on the only action above ground and that approprint and proper to fundament wate removal that above the operator of its responsibility to acopy wat any other applicable governmental autority where, regulations (the only we above ground larks or l	
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(thot 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 he advised in only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit an only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit and support of this request deen are eliceve the operator of liability abdoutd operations result in pollution of surface water, provide water, provid	
Type of action: □ Permit ⊠ Closure / Instructions: Please submit one application (Form C144 CLE2) per individual closed-loop system request. For any application request bitter than for a closure please submit a form Please headwisd that approval of this request does not relive the operator of its responsability to comply with any other applicable powermental authority's rules, regulations or revironment. Nor does approval relive the operator of its responsability to comply with any other applicable powermental authority's rules, regulations or revironment. Nor does approval relive the operator of its responsability to comply with any other applicable powermental authority's rules, regulations or revironment. Nor does approval relive the operator of its responsability to comply with any other applicable powermental authority's rules, regulations or rule relive the operator of its responsability to comply with any other applicable powermental authority's rules, regulations or rule relive the operator of its request addees applicable powermental authority's rules, regulations or rules, rule	
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environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or of operator: Yates Petroleum Corporation OGRID 4: 025575 Address: 105 South Fourth Street, Artesia, NM 88210 Facility or well name: NORTH PAPALOTES BFP ST #1 API Number: P-05-855- U/L or Qtr/Qtr Scotting 36 Township 14S Range 34E County: LEA Center of Proposed Design: Latitude Longitude NAD: [1927] Surface Owner: Federal Ø State Private Tribal Trust or Indian Allotment Center of Proposed Design: Subsection H of 19.15.17.11 NMAC Operation: Durilling a new well Ø Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Above Ground Steel Tranks or Haul-off Bins Sign: Subsection C of 19.15.17.11 NMAC Sign: Subsection C of 19.15.17.11 NMAC Disposed Tables on the appropriate requirements of 19.15.17.29 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the bax, that the documents attached. Design Plan -based upon the appropriate requirements of 19.15.17.12 NMAC Operations: Consultance with 19.15.16.88 NMAC Center of Plan Ender Plan Subsection C of 19.15.17.39 NMAC and 19.15.17.13 NMAC Design Plan -based upon the appropriate requirements of 19.15.17.12 NMAC Disposed Tables Closed-loop Systems Permit Application Attachment Checklist: Subsection C of 19.15.17.39 NMAC and 19.15.17.13 NM Censure Closure Plan (Please complete Box 5) - based upon the appropriate requirements of 19.15.17.12 NMAC Supervised Plan Subsection Plan Subsection Plane and Application and maintenance Plan API Number: Previously Approved Design (attach copy of design) API Number: Previously Approved Design (attach copy of design) API Number: Name Plane Subsection Copy 19.15.17.13 NMAC Supervised Approved Design (attach copy of design) API Number: Name Priving Plane -based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC Supervised Approved Design (attach copy	1 C-144.
Operator: Yates Petroleum Corporation OGRID #: 025575 Address: 105 South Fourth Street, Artesia, NM 88210	r the ordinances.
Address: 105 South Fourth Street, Artesia, NM 88210 Facility or well name: NORTH PAPALOTES BFP ST #1 API Number: D	
Pacifity or well name: NORTH PAPALOTES BFP ST #1 API Number	
API Number D-025-35327 OCD Permit Number: D-05GS- U/L or Qtr/Qtr Section 36 Township 14S Range 34E County: LEA Center of Proposed Design: Latitude	
U/L or Qtr/Qtr Section36Township _14SRange _34ECounty: _LEA	
Center of Proposed Design: Latitude	
Surface Owner: Federal 🛛 State Private Tribal Trust or Indian Allotment 1 Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: OpTilling a new well 🖾 Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Image: Closed-loop System: 2 Above Ground Steel Tanks or I Haul-off Bins Image: Closed-loop Systems Permit Application State Image: Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signet Signet in compliance with 19.15.16.8 NMAC 4 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Imarchinas: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents attached. 2 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 NI 3 Previously Approved Operating and Maintenance Plan API Number:	
2. Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well W Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Ø Above Ground Steel Tanks or Haul-off Bins 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 Ø Signed in compliance with 19.15.16.8 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 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 attached. Ø Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Ø Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Ø Design Plan - based upon of the appropriate requirements of 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: * Yease the denoitify the facility of facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than facilities are required. Disposal Facility Name: TENNECO SWD #1 Disposal Facility Permit Number: Will any of the proposed closed-loop system oper] 1983
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 or 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 19.15.16.8 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 attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Q Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NI Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: * * Subsection Place transformer of fullities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than facility are required. Disposal Facility Name: Tense information selowy = Disposal Facility Permit Number: Watter Removal Closure For Closed-loop System operations and associated activities occur on in areas that will not be used for future service and operations: <t< td=""><td></td></t<>	
* 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 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 NMC 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 NM Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: State Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Previously Approved Operating and Maintenance Plan Disposal Facility Name:	
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents 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 NM Previously Approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan API Number: \$ Maste 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 facilities are required. Disposal Facility Name:	
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 facilities are required. Disposal Facility Name: Disposal Facility Permit Number_300252576200 Disposal Facility Name: Disposal Facility Permit Number_300252576200 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:	
Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than facilities are required. Disposal Facility Name:	
Disposal Facility Name:	
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): Mike Allen Title: Completion Superintendant	
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 Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Image: Site Reclamation Plan - based upon the appropriate re	perations?
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):	
Name (Print):Mike AllenTitle:Completion Superintendant	
Signature: Date: 3/1/2013	
e-mail address:mikea@yatespetroleum.com Telephone:(575) 748-4218	
Form C-144 CLEZ Oil Conservation Division Page 1 of 2	ブー

OCD Approval: Permit Application (including closure plan)	
OCD Representative Signature:	Approval Date:
Title:	
8. <u>Closure Report (required within 60 days of closure completion)</u> Instructions: Operators are required to obtain an approved closu	: Subsection K of 19.15.17.13 NMAC re plan prior to implementing any closure activities and submitting the closure report. in 60 days of the completion of the closure activities. Please do not complete this
	-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: he liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activities pe Yes (If yes, please demonstrate compliance to the items belo	erformed on or in areas that <i>will not</i> be used for future service and operations? w) No
Required for impacted areas which will not be used for future serving Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ce and operations:
	h this closure report is true, accurate and complete to the best of my knowledge and osure requirements and conditions specified in the approved closure plan.
Name (Print):MIICE AUEN	Title: COMPLETEAN SUPT
Name (Print): MILLE Allen Signature: With alle	Title: COMPLETEAN SUPT Date: 6-10-2013

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