

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87401  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

MAR 24 2014

1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-32546
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-903
7. Lease Name or Unit Agreement Name Gecko 36 State
8. Well Number 2
9. OGRID Number 270358
10. Pool name or Wildcat 55695; Shipp Strawn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3753'GL

**RECEIVED**

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Lawson Operating LLC

3. Address of Operator  
P O Box 52667, Midland, TX 79710

4. Well Location  
 Unit Letter D : 760 feet from the north line and 736 feet from the west line  
 Section 36 Township 16S Range 37E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

POOH with production equipment  
 Re-perforate 11,640-11,680' and 11530'-11540'  
 Acidize perforations with 5000 gallons 15% HCl  
 Return well to production

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*[Signature]*

TITLE

*MANAGER*

DATE

*3-16-14*

Type or print name  
 For State Use Only

*Priscilla Lawson*

E-mail address:

*PLAWSON@AOL.COM* PHONE: *432-556-0797*

APPROVED BY:

*Maley Brown*

TITLE

*Compliance Officer*

DATE

*3/25/2014*

Conditions of Approval (if any)

MAR 26 2014

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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 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: X 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.

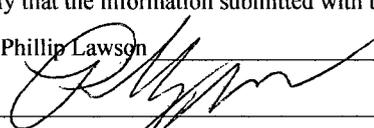
1.  
Operator: Lawson Operating, LLC \_\_\_\_\_ OGRID #:270358 \_\_\_\_\_  
Address: Box 52667, Midland , Texas 79710 \_\_\_\_\_  
Facility or well name: ecko 36 No. 2  
API Number: 30-025-32546 \_\_\_\_\_ OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr D \_\_\_\_\_ Section 36 \_\_\_\_\_ Township 16S \_\_\_\_\_ Range 37E \_\_\_\_\_ County: Lea \_\_\_\_\_  
Center of Proposed Design: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD:  1927  1983  
Surface Owner:  Federal X State Private  Tribal Trust or Indian Allotment

2.  
**X Closed-loop System:** Subsection H of 19.15.17.11 NMAC  
Operation:  Drilling a new well X Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)  P&A  
X Above Ground Steel Tanks or  Haul-off Bins

3.  
**Signs:** Subsection C of 19.15.17.11 NMAC  
X 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 are attached.*  
X Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  
X Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  
X 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: Gandy \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_  
Disposal Facility Name: Gecko State 35-1 \_\_\_\_\_ Disposal Facility Permit Number: 30-025-32293 \_\_\_\_\_  
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) X 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): Phillip Lawson \_\_\_\_\_ Title: Manager \_\_\_\_\_  
Signature:  \_\_\_\_\_ Date: 3-16-14 \_\_\_\_\_  
e-mail address: pllawson@aol.com \_\_\_\_\_ Telephone: 432-556-0797 \_\_\_\_\_

7. **OCD Approval:** Permit Application (including closure plan)  Closure Plan (only) *MJB 3/25/2014*  
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.*

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: \_\_\_\_\_

Lawson Operating, LLC

Gecko 36 State No. 2

Closed Loop System Design, Maintenance and Closure Plan

03-16-14

**Design Plan:**

Equipment list:

2-Existing steel production tanks for flowback and/or swab back

1-Fiberglass water tank for water flowed/produced back

**Operation and Maintenance:**

Fluids will be produced through existing production facilities

NMOCD will be notified within 48 hours of any spill

Remediation and cleanup process will be started as soon as possible.

**Closure plan:**

During and at the conclusion of workover operations all fluids will be pumped to the Gecko 35-1 via existing SWD polyline

No solids are anticipated from this workover but if any are encountered they will be hauled off to an approved disposal facility