Form C-144 July 21, 2008

District I 1625 N. French Dr., Hobbs, NM 88240

District II
1301 W Grand Avenue, Artesia, NM 88210 P 157

District III
1000 Rio Brazos Road, Aztec, NM 87470

District IV 1220 S. St. Francis Dr., Santa F. NN

State of New Mexico

Energy Minerals and Natural Resources

Department

Oil Conservation Division 20 South St. Francis Dr. Santa Fe, NM 87505

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

## Pit, Closed-Loop System, Below-Grade Tank, or Alternative Method Permit or Closure Plan Application

| Proposed Alternative Method Permit of Closure Plan Application  |
|---|
| Type of action: Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method  Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method  Modification to an existing permit  Closure plan only submitted for an existing permitted or non-permitted pit, closed-loop system, below-grade tank, or proposed alternative method |
| Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request  |
| 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: Paladin Operating OGRID#: 1640 70   |
| Address: 10290 Monroe Drive Suit 301 Dallas Tx  |
| Facility or well name: 31 Read # 7  |
| API Number: 30.025.38809 OCD Permit Number: P1-00451  |
| U/L or Qtr/Qtr A Section 35 Township (3 Range 37 County: Lea  |
| Center of Proposed Design: Latitude 32, 15 28 Longitude 103 16 41 NAD: 1927 1983  |
| Surface Owner: Federal State Private Tribal Trust or Indian Allotment   |
| 2.  |
| Temporary: M Drilling Workover  Have been dewalering Ort.   |
|   |
| Permanent Emergency Cavitation P&A / Zench Bury on Coulting   |
| ☐ Lined ☐ Unlined Liner type: Thickness // mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other   |
| ☐ String-Reinforced   |
| Liner Seams: Welded Factory Other Volume: 900 bbl Dimensions: L 350 x W 350 x D   |
| 3.  Closed-loop System: Subsection H of 19.15.17.11 NMAC  |
| Type of Operation: P&A Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of  |
| intent)   |
| ☐ Drying Pad ☐ Above Ground Steel Tanks ☐ Haul-off Bins ☐ Other   |
| Lined Unlined Liner type: Thicknessmil LLDPE HDPE PVC Other   |
| Liner Seams: Welded Factory Other Other   |
|   |
| Below-grade tank: Subsection I of 19.15.17.11 NMAC  |
| Volume:bbl Type of fluid:   |
| Tank Construction material:   |
| ☐ Secondary containment with leak detection ☐ Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off   |
| ☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other  |
| Liner type: Thicknessmil  |
| 5.  Alternative Method:   |
| Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.  |
|   |

| Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, temporary pits, and below-grade tanks)  |  |  |
|---|--|--|
| Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, institution or church)  | hospital,                              |  |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet   |  |  |
| Alternate. Please specify   |  |  |
| 7.  |  |  |
| Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)  |  |  |
| ☐ Screen ☐ Netting ☐ Other ☐ Monthly inspections (If netting or screening is not physically feasible)   |  |  |
| Monthly hispections (if netting of serectining is not physically reastore)  |  |  |
| 8. 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  |  |  |
| 9.  |  |  |
| Administrative Approvals and Exceptions:  Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.   |  |  |
| Please check a box if one or more of the following is requested, if not leave blank:  | cr. c                                  |  |
| Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau consideration of approval.   | office for                             |  |
| Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.   | ······································ |  |
| Siting Criteria (regarding permitting): 19.15.17.10 NMAC  Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system. |  |  |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  | ☐ Yes 🔀 No                             |  |
| - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells  | , ,                                    |  |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).   | ☐ Yes 🔀 No                             |  |
| - Topographic map; Visual inspection (certification) of the proposed site   | ☐ Yes <b>∑</b> No                      |  |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image   | □ NA                                   |  |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  | ☐ Yes 🙀 No<br>☐ NA                     |  |
| (Applies to permanent pits) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image   | LJ NA                                  |  |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock   | 🗌 Yes 🔀 No                             |  |
| watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  - NM Office of the State Engineer - IWATERS database search; Visual inspection (certification) of the proposed site  |  |  |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance   | ☐ Yes 🛛 No                             |  |
| adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  Written confirmation or verification from the municipality; Written approval obtained from the municipality   |  |  |
| Within 500 feet of a wetland.   | U var MANI-                            |  |
| - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site  | Yes X No                               |  |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division   | ☐ Yes 🔀 No                             |  |
| Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map   | ☐ Yes 🄀 No                             |  |
| Within a 100-year floodplain FEMA map   | ☐ Yes 🙀 No                             |  |

| Temporary Pits, Emergency Pits, and Below-grade Tanks 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.  Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC  Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC  Contrain Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC  Previously Approved Design (attach copy of design) API Number:  or Permit Number:  |
|--|
| 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.  Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15 17.9  Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC  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 Boxes 14 through 18, if applicable) - 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:  (Applies only to closed-loop system that use   |
| above ground steel tanks or haul-off bins and propose to implement waste removal for closure)  (Applies only to closea-toop system that use  |
| above ground steet lanks or naut-off outs and propose to implement waste removal for closure)  |
| Permanent Pits Permit Application 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.   Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC   Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC   Climatological Factors Assessment   Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC   Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC   Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC   Quality Control/Quality Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC   Quality Control/Quality Assurance Construction and Installation Plan   Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC   Preeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC   Nuisance or Hazardous Odors, including H <sub>2</sub> S, Prevention Plan   Emergency Response Plan   Onl Field Waste Stream Characterization   Monitoring and Inspection Plan   Erosion Control Plan   Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC |
| 14. <u>Proposed Closure</u> : 19.15.17.13 NMAC  Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.  |
| Type:  Orilling  Workover  Emergency  Cavitation  P&A Permanent Pit Below-grade Tank Closed-loop System  Alternative  Proposed Closure Method:  Waste Excavation and Removal  Waste Removal (Closed-loop systems only)  On-site Closure Method (Only for temporary pits and closed-loop systems)  In-place Burial On-site Trench Burial  Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)  |
| Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.  Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC  Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)  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  Ste Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC   |

| 16. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17. Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachmen facilities are required.  |                    |  |
|--|--------------------|--|
| Disposal Facility Name: Disposal Facility Permit Number:   |                    |  |
| Disposal Facility Name: Disposal Facility Permit Number:   |                    |  |
| Vill 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  |                    |  |
| Siting Criteria (regarding on-site closure methods only): 19.15.17 10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.   |                    |  |
| Ground water is less than 50 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells  | ☐ Yes ☐ No<br>☐ NA |  |
| Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells  | ☐ Yes ☐ No<br>☐ NA |  |
| Ground water is more than 100 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells   | ☐ Yes ☐ No<br>☐ NA |  |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or play lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site  | a Yes No           |  |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image   | ☐ Yes ☐ No         |  |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site  | n. Yes No          |  |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality  | ☐ Yes ☐ No         |  |
| Within 500 feet of a wetland US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site  | ☐ Yes ☐ No         |  |
| Within the area overlying a subsurface mine.  - Written confirmation or venfication or map from the NM EMNRD-Mining and Mineral Division   | ☐ Yes ☐ No         |  |
| Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map  | ☐ Yes ☐ No         |  |
| Within a 100-year floodplain FEMA map  | ☐ Yes ☐ No         |  |
| On-Site Closure Plan Checklist: (19.15 17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.  Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Proof of Surface Owner Notice - based upon the appropriate requirements of 19.15.17.13 NMAC  Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC  Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.13 NMAC  Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC  Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC  Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)  Soil Cover Design - based upon the appropriate requirements of Subsection I 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 |                    |  |

| 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): Edie W Sean Title: Agent  |
| Signature:  |
| e-mail address: 5204 04 @ 1200 · not Telephone: 575-372 · 7284  |
| 20.  OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Conditions (see attachment)  |
| OCD Representative Signature: Approval Date: 8/14/08  |
| Title:OCD Permit Number: P1-00451   |
| 21.  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 of the closure report is required to be submitted to the division within 60 days of the completion of the closure activities and submitted to the division within 60 days of the completion of the closure activities are days of the section of the form until an approved closure plan has been obtained and the closure activities have been completed.  Closure Completion Date:   |
| Closure Method:   |
| Waste Excavation and Removal ☑ On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal ☑ ecopor systems only ☐ If different from approved plan, please explain.   |
| 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 that two facilities were utilized.  Disposal Facility Name:  Disposal Facility Permit Number:  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?  |
| <ul> <li>Yes (If yes, please demonstrate compliance to the items below) ☐ No</li> <li>Required for impacted areas which will not be used for future service and operations:</li></ul>   |
| Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.    Proof of Closure Notice (surface owner and division)   Proof of Deed Notice (required for on-site closure)   Plot Plan (for on-site closures and temporary pits)   Confirmation Sampling Analytical Results (if applicable)   Waste Material Sampling Analytical Results (required for on-site closure)   Disposal Facility Name and Permit Number   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique   Site Reclamation (Photo Documentation)   On-site Closure Location: Latitude   32.   15. 28   Longitude   10.3   16.     NAD:   1927   1983 |
| 25.  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): Eddie W Soay Title: Agent   |
| Signature: Eddin W dean Date: 9/12/2009   |
| e-mail address: Sense N. 4. 10. 10.00 mot   |

Ka

Programme Control

, \*

3 3 × 27