District I 1625 N. French Dr , Hobbs, NM District III
1000 Rio Brazos Read August 1870 8216 2008 District IV

#### 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 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.

	ermit or Closure Plan Application
	off bins and propose to implement waste removal for closure)
· · · · · · · · · · · · · · · · · · ·	n: Permit Closure
	dividual closed-loop system request. For any application request other than for a ns and propose to implement waste removal for closure, please submit a Form C-144.
lease be advised that approval of this request does not relieve the operator of	of liability should operations result in pollution of surface water, ground water or the comply with any other applicable governmental authority's rules, regulations or ordinances.
1.	
	OGRID #: <u>220420</u>
Address: 2130 W Bender Hobbs, NM 88240	
Facility or well name: Hale State #4	0.00500
API Number: 3D-025-39185	OCD Permit Number: P1-DD539
U/L or Qtr/Qtr D Section 31 Township	17S Range 34E County: Lea
Center of Proposed Design: Latitude 32.779741 N	Longitude <u>103.604256 W</u> NAD: □1927 □ 1983
Surface Owner: 🗌 Federal 🛛 State 🔲 Private 🗌 Tribal Trust or Indi	an Allotment
2.	
☑ Closed-loop System: Subsection H of 19.15.17.11 NMAC	
-	o activities which require prior approval of a permit or notice of intent) P&A
☐ 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 ☐ Signed in compliance with 19.15.3.103 NMAC	i emergency telephone numbers
<ul> <li>attached.</li> <li>☑ Design Plan - based upon the appropriate requirements of 19.15.</li> <li>☑ Operating and Maintenance Plan - based upon the appropriate red</li> <li>☑ Closure Plan (Please complete Box 5) - based upon the appropriate</li> </ul>	olication. Please indicate, by a check mark in the box, that the documents are
Previously Approved Design (attach copy of design)  API Num	
Previously Approved Operating and Maintenance Plan API Nun	nber:
Instructions: Please indentify the facility or facilities for the disposal facilities are required.	ve Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) of liquids, drilling fluids and drill cuttings. Use attachment if more than two
Disposal Facility Name: <u>CRI Inc.</u>	
Disposal Facility Name:	
☐ Yes (If yes, please provide the information below) ☐ No	activities occur on or in areas that <i>will not</i> be used for future service and operations?
Required for impacted areas which will not be used for future service at Soil Backfill and Cover Design Specifications based upon the Re-vegetation Plan - based upon the appropriate requirements of Site Reclamation Plan - based upon the appropriate requirements	appropriate requirements of Subsection H of 19.15.17.13 NMAC Subsection I of 19.15.17.13 NMAC
s. Operator Application Certification:	
I hereby certify that the information submitted with this application is t	rue, accurate and complete to the best of my knowledge and belief
Name (Print): Colleen Robinson	Title: Compliance Analyst
Concon Roomson	True. Comphance Alialyst

Date: <u>9-23-08</u>

Telephone: <u>575-738-1739</u>

OCD Approval: Permit Application (including closure plan) Closure Plan (only)					
OCD Representative Signature:	Approval Date: 10/6/08				
Title: Geologist	OCD Permit Number: P1-00539				
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:				
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, dril two facilities were utilized.					
Disposal Facility Name:					
Disposal Facility Name:	Disposal Facility Permit Number:				
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) \( \subseteq \text{No} \)					
Required for impacted areas which will not be used for future service and operation    Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	ons:				
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:				

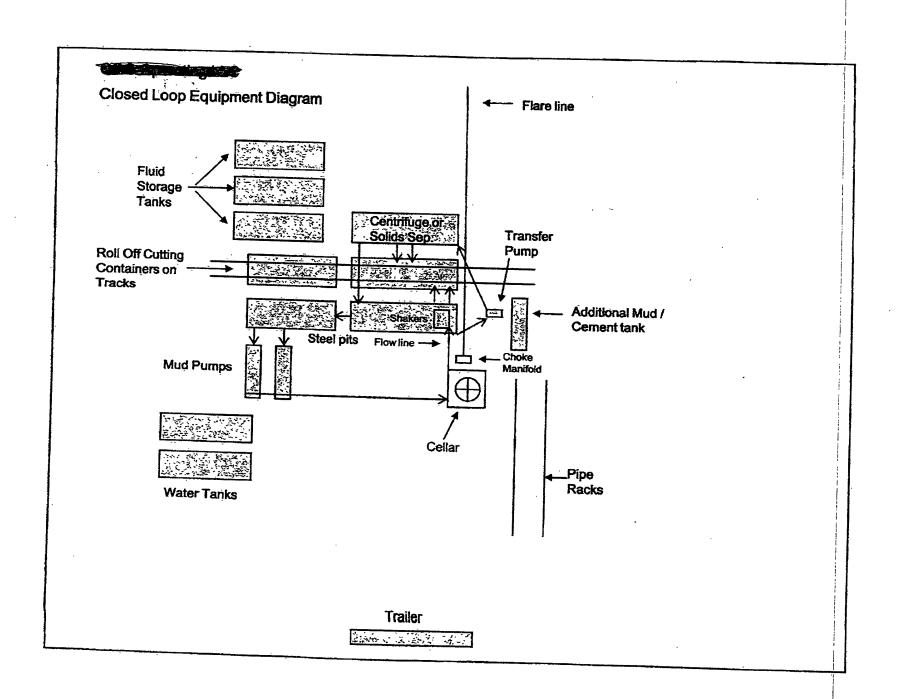
### ARENA RESOURCES INC. - CLOSED LOOP SYSTEM

## **Operation and Maintenance Plan**

Solids Control will be inspecting the closed loop system on a daily basis and performing any necessary maintenance. Any leaks/spills will be reported to the NMOCD immediately and cleaned up without delay.

## **Closure Plan**

All liquids, drilling fluids and cuttings will be hauled off via Controlled Recovery Inc., to their disposal facility site. P ermit R-9166



#### State of New Mexico

DISTRICT I 1625 N. FRENCH DR., HOBBS, NM 88240

Energy, Minerals and Natural Resources Department

Form C-102 Revised October 12, 2005

DISTRICT II

1301 W. GRAND AVENUE, ARTESIA, NM 88210

OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505 Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV WELL LOCATION AND ACREAGE DEDICATION PLAT ☐ AMENDED REPORT 1220 S. ST. FRANCIS DR., SANTA FE, NM 87505 Pool Name Pool Code API Number 30.025-12180 acuum: Well Number Property Name Property Code 4 HALE STATE 305482 Elevation Operator Name OGRID No. 4096 ARENA RESOURCES, INC. 22042 Surface Location Feet from the East/West line County Feet from the North/South line Lot Idn UL or, lot No. Section Township Range WEST LEA **NORTH** 990 34-E 330 31 17-S Bottom Hole Location If Different From Surface East/West line County Feet from the North/South line Feet from the Section Lot Idn UL or lot No. Township Order No. Dedicated Acres Joint or Infill Consolidation Code 35.11 NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED

OR A NUN-STANDARD UNIT HAS BEE	N APPROVED BY THE DIVISION
GEODETIC COORDINATES NAD 27 NME  Y=654603.2 N X=724034.5 E  LAT.=32.797471 N LONG.=103.604256 W	OPERATOR CERTIFICATION  I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  OUR DOWNEGE 9.22.08 Signature Date
35.20 AC LOT 3	SURVEYOR CERTIFICATION  I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.
35.30 AC LOT 4	Date Surveyed  Signifure & Seabold Professional Surveyor  One of the best of my belief.  LA  Signifure & Seabold Professional Surveyor  One of the best of my belief.
35 39 AC	Certificate No. RONALD EIDSON 3239

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, 0	150' WEST	HALE STATE #4 ○	150' EAST ⊡ OFFSET	.009
,009	<i>OFFSET</i> □ 4098.1'	ELEV. 4096.3'	4091.4	29
<u>'</u>		LAT.=32.797471° N LONG.=103.604256° W		ı
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		150' SOUTH OFFSET		1
		4096.9		
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ROAD APPROX. APPROX. 600 f	0.65 MILEŚ. THIS LOCATI FFEET RIGHT.		Scale:1"=100'	
		AREN	A RESOUR	CE, INC
		10	HALE STATE #4 WELL CATED 330 FEET FROM THE NOI	RTH LINF
		AND 990	CATED 330 FEET FROM THE NOT O FEET FROM THE WEST LINE O SHIP 17 SOUTH, RANGE 34 EAS	OF SECTION 31,
/	PROVIDING SURVEYING SERVICE	CES \	LEA COUNTY, NEW MEXICO	
	SINCE 1946			
	SINCE 1946 <b>HN WEST SURVEYING COM</b> 412 N. DAL PASO HOBBS, N.M. 88240	Survey Date: W.O. Number:		of 1 Sheets

# VICINITY MAP

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SCALE: 1" = 2 MILES

SEC. 31 T	WP. <u>17-S</u> RGE. <u>34-E</u>
SURVEY	N.M.P.M.
COUNTYL	EA STATE NEW MEXICO
DESCRIPTION	330' FNL & 990' FWL
ELEVATION	4096'
	ARENA RESOURCES, INC.
LEASE	HALE STATE



PROVIDING SURVEYING SERVICES
SINCE 1946
JOHN WEST SURVEYING COMPANY
412 N. DAL PASO
HOBBS, N.M. 88240
(505) 393-3117



## LOCATION VERIFICATION MAP



SCALE: 1" = 2000'

CONTOUR INTERVAL: BUCKEYE, N.M. - 10'

SEC. 31 TW	/P. <u>17-S</u> RGE. <u>34-E</u>	
SURVEY	N.M.P.M.	
COUNTYLE	A STATE NEW MEXICO	
DESCRIPTION_	330' FNL & 990' FWL	
	4096'	
OPERATOR	ARENA RESOURCES, INC.	
LEASE	HALE STATE	
U.S.G.S. TOPOGRAPHIC MAP BUCKEYE, N.M.		



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