

0209289

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

OCD Representative Signature: _____

Approval Date: 10/20/09

Title: **Geologist**

OCD Permit Number: P1-01413

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 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: _____

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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

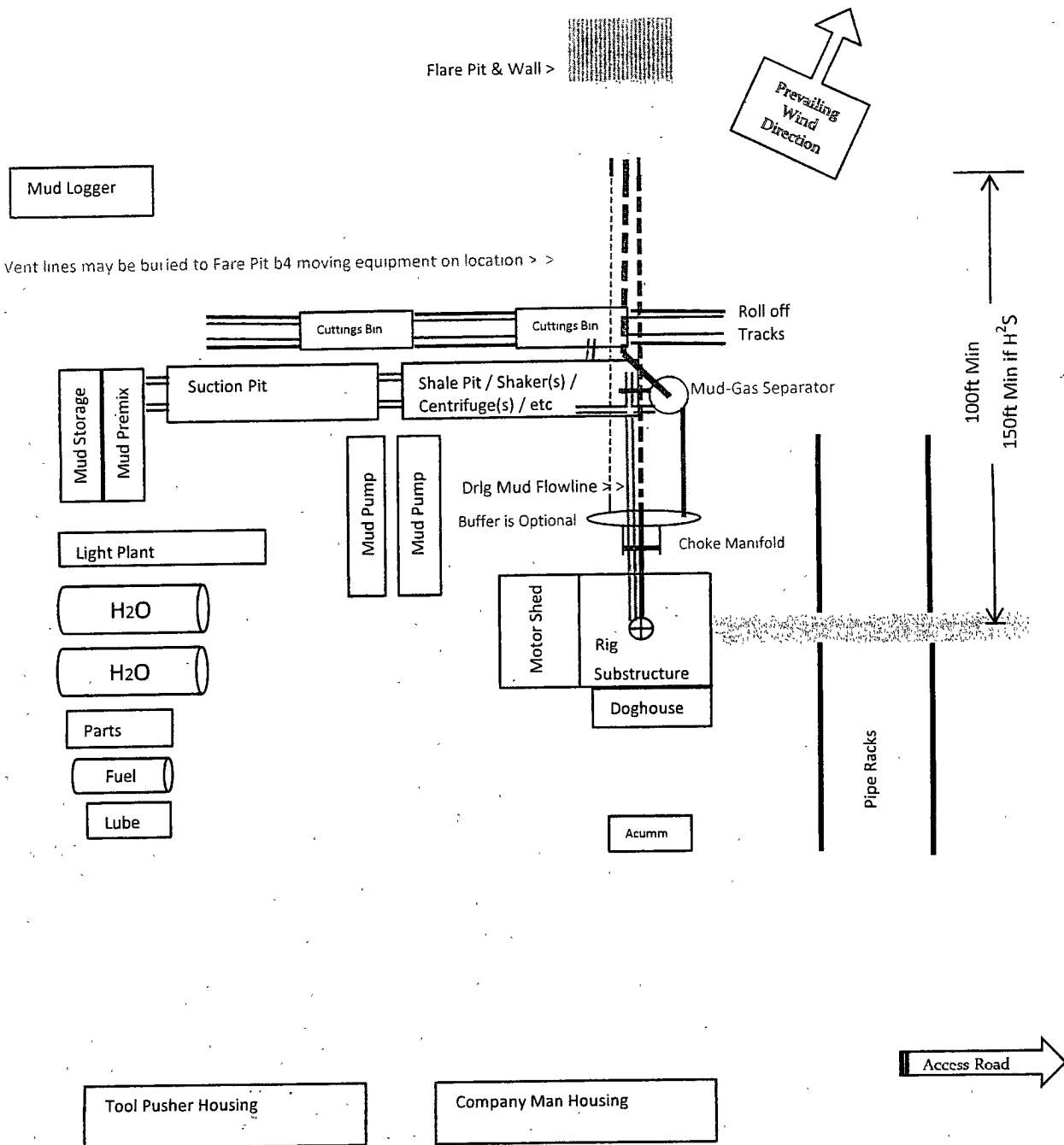
10. **Operator Closure Certification:**

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: _____



Generic Drill Site Layout

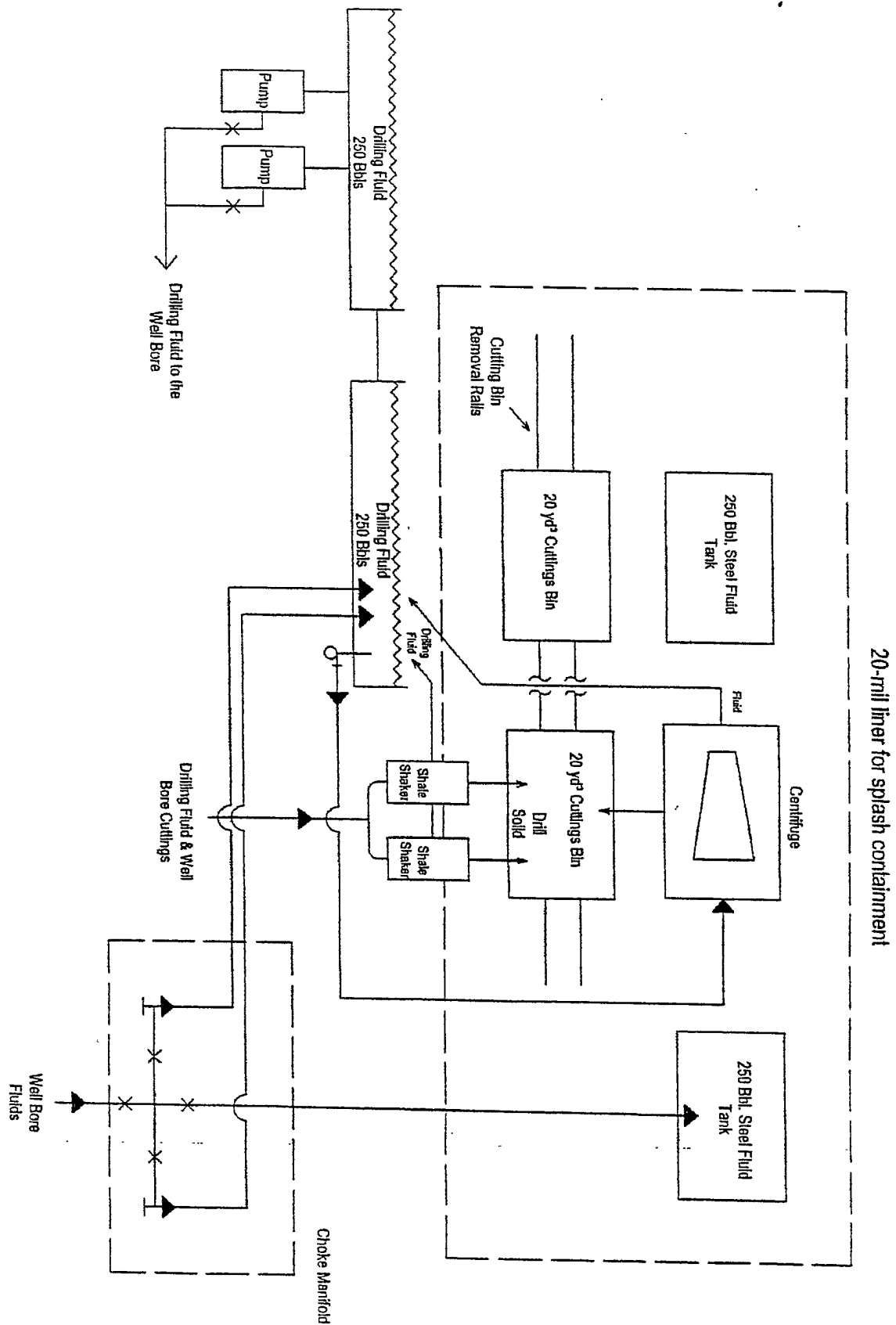


EXHIBIT "D"
RIG LAYOUT PLAT

OGX RESOURCES, LLC.
OUTLAW "22" FEDERAL COM. #1H
UNIT "B" SECTION 22
T20S-R33E LEA CO. NM

OGX Resources, LLC Closed Loop System

**Turquoise 30 Fed SWD, Well #1
1930' FNL & 1980' FWL
Section 30-T24S-R32E
Lea County, New Mexico**

Equipment Design Plan

Closed Loop System will consist of:

- 1 – (minimum) Double panel shaker with rig inventory
- 1 – (minimum) Centrifuge , certain wells and flow rates may require 2 centrifuges
- 1 – minimum centrifugal pump to transfer fluids
- 2 – (minimum) 500 bbl FW & BW Tanks
- 1 – 500 bbl watertank with rig inventory
- 1 – tank / bin – to catch cement / excess mud returns generated during a cement job
- 1 Set of rail cars / catch bins

Operation Plan

All equipment will be inspected numerous times a day by each tour to make sure all equipment is operating correctly. Routine maintenance will be done to keep system running properly.

Any leak in system will be repaired and/or contained immediately and the OCD notified within 48 hours of the remediation process start.

Closure Plan

While drilling all cuttings and fluids associated with drilling will be hauled off and disposed of via Control Recovery Incorporated facilities Permit R-9166.