District I

State of New Mexico

nergy Minerals and Natural Resources 👍 🛆

Form C-144 CLEZ July 21, 2008

1625 N. French Dr , Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM District III 1000 Rio Brazos Road, Aztec, NM 87 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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 s	ground steel tani	ks or haul-off bi	is and propose to im	plement waste remove	al for closure)

Type of action: 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: Yates Petroleum Corporation OGRID #: 02557						
Address: 105 South Fourth Street Artesia, NM 88210						
Facility or well name: LOCKLIN BHL ST COM #1						
API Number: 30 -025 - 37303 OCD Permit Number: P1 - 01504						
U/L or Qtr/Qtr N Section 32 Township 95 Range 34E County: LEA						
Center of Proposed Design: Latitude Longitude NAD: \[ \begin{array}{c} 1927 \end{array} 1983						
Surface Owner:						
2. Closed-loop System: Subsection H of 19.15.17.11 NMAC						
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A						
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						
⊠ Signed in compliance with 19.15.3.103 NMAC						
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.  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 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 indentify 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: LOVELADY SWD#1 Disposal Facility Permit Number: API# 300052047400						
Disposal Facility Name: STATE 3 SWD #1 Disposal Facility Permit Number: API# 300252568600						
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 G 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: Completions Superintendent						
Signature:						
e-mail address: mikea@yatespetroleum.com Telephone: 575-748-1471 .						
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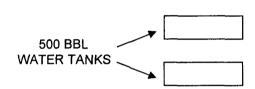
OCD Approval: Permit Application (including closure plan) Closure F	lan (only)				
OCD Representative Signature:	Approval Date: 12/22/09				
Title: Geologist	01 0.000				
Title:	OCD Permit Number: P[-D[5C]4				
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 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:					
Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dri two facilities were utilized.	lling fluids and drill cuttings were disposed. Use attachment if more than				
Disposal Facility Name:					
Disposal Facility Name:  Were the closed-loop system operations and associated activities performed on o	Disposal Facility Permit Number:				
Yes (If yes, please demonstrate compliance to the items below)	i in areas that with not be used for future service and operations:				
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: mikea@yatespetroleum.com	Telephone: <u>575-748-147</u>				
А					
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## **Attachment to C-144 CLEZ**

**RE-COMPLETION** 



PULLING UNIT SWAB TANK 500-250 BBL