

District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Avenue, Artesia, NM 88201
District III
1000 Rio Brazos Road, Aztec, NM 87414
District IV
1220 S St Francis Dr, Santa Fe, NM 87505

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MAR 24 2010

HOBBSOC

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

A mended

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

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: ☒ 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: **EOG Resources, Inc.** OGRID # **7377**
Address: **P.O. Box 2267 Midland, TX 79702**
Facility or well name: **LOMAS ROJAS 26 STATE COM 5H**
API Number: **30-025-39704** OCD Permit Number: **P1-01827**
U/L or Qtr/Qtr: **P** Section **26** Township **25S** Range **33E** County: **Lea**
Center of Proposed Design: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983
Surface Owner: Federal ☒ State Private ☐ Tribal Trust or Indian Allotment

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

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.
☒ 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 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: **Controlled Recovery, Inc.** Disposal Facility Permit Number: **NM-01-0006**

or
Disposal Facility Name: **Gandy Marley, Inc** Disposal Facility Permit Number: **NM-01-0019**

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) Revision ☐ 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): Donny G. Glanton Title Sr Lease Operations ROW Representative

Signature: Don G. Glanton Date 3.22.2010

e-mail address: donny_glanton@cogresources.com Telephone 432.686.3642

7.

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

OCD Representative Signature: [Signature] Approval Date: 03/24/2010

Title: Geologist

OCD Permit Number: PI-01827

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: _____

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: _____

Permit Information:

Well Name: Lomas Rojas 26 State Com No. 5H

Location:

SL: 330' FSL & 430' FEL, Section 26, T-25-S, R-33-E, Lea Co., N.M.

BHL: 330' FNL & 430' FEL, Section 26, T-25-S, R-33-E, Lea Co., N.M.

Casing Program:

Casing	Setting Depth	Hole Size	Casing Size	Casing Weight	Casing Grade	Desired TOC
Surface	650'	17-1/2"	13-3/8"	54.5#	K-55	Surface
Intermediate	4,000'	12-1/4"	9-5/8"	40#	J-55	Surface
	5,100'	12-1/4"	9-5/8"	40#	HCK-55	
Production	8,900'	8-3/4"	7"	26#	HCP-110	4600'
	13,887'	8-3/4"	5-1/2"	17#	HCP-110	

Cement Program:

Depth	No. Sacks	Wt. lb/gal	Yld Ft ³ /ft	Slurry Description
650'	675	14.8	1.32	Class C + 0.005 pps Static Free + 2% CaCl ₂ + 0.25 pps CelloFlake + 0.005 gps FP-6L
5,100'	1100	12.7	2.01	Lead: Class 'C' + 2.00% SMS + 1.50% R-3 + 0.25 lb/sk Cello Flake + 0.005 lb/sk Static Free
	200	14.8	1.32	Tail: Class 'C' + 0.25 lb/sk Cello Flake + 0.005 lb/sk Static Free
13,887'	150	10.8	3.67	Lead 1: 60:40:0 Class C + 15.00 lb/sk BA-90 + 4.00% MPA-5 + 3.00% SMS + 5.00% A-10 + 1.00% BA-10A + 0.80% ASA-301 + 2.10% R-21 + 8.00 lb/sk LCM-1 + 0.01 gps FP-13L
	475	11.8	2.49	Lead 2: 50:50:10 Class H + 0.80% FL-52A + 0.30% ASA-301 + 0.30% SMS + 2.00% Salt (2.47 lb/sk) + 0.35% R-21 + 0.25 lb/sk Cello Flake + 0.005 lb/sk Static Free
	1100	14.2	1.28	Tail: 50:50:2 Class H + 0.65% FL-52A + 0.20% CD-32 + 0.15% SMS + 2.00% Salt (0.961 lb/sk) + 0.20% R-3 + 0.005 lb/sk Static Free

Mud Program:

Depth	Type	Weight (ppg)	Viscosity	Water Loss
0 - 650'	Fresh - Gel	8.6-8.8	28-34	N/c
650' - 5,100'	Brine	10.0-10.2	28-34	N/c
5,100' - 9,000'	Fresh Water	8.4-8.6	28-34	N/c
9,000' - 13,887' Lateral	Cut Brine - XCD	9.0-9.5	40-42	8-10

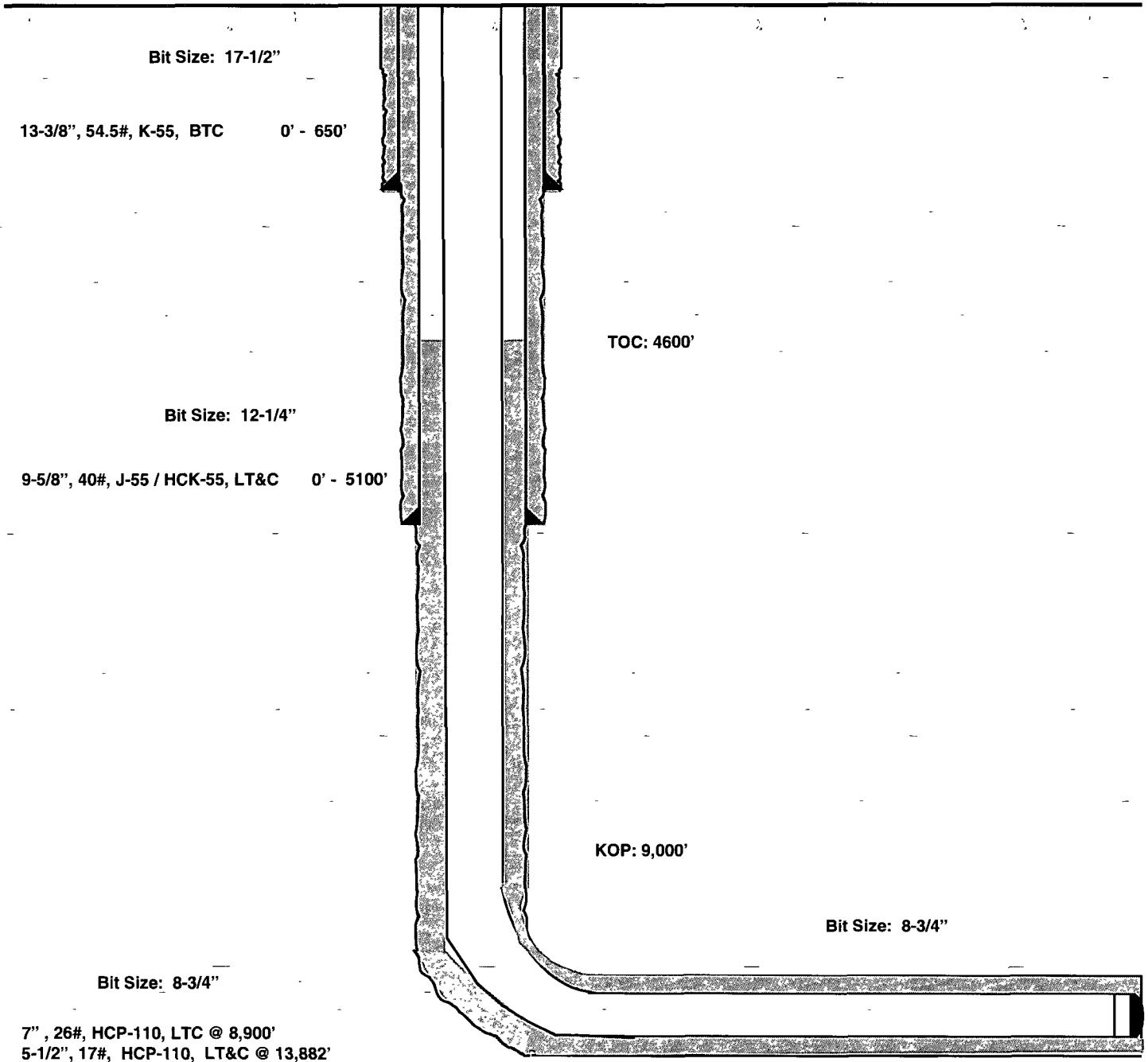
Lomas Rojas State Com #5H
Red Hills
Lea County, New Mexico

330' FSL
430' FEL
Section 26
T-25-S, R-33-E

Proposed Wellbore

API: 30-025-

KB: 3,364.4'
GL: 3,334.4'



Bone Spring Sand Lateral: 13,887' MD, 9,542' TVD

BH Location: 330' FNL & 430' FEL
Section 26
T-25-S, R-33-E