District 1

District 1 1625 N. French Dr., Hobbs. NM 8824

Name (Print):

1301 W. Grund Avenue, Artesia, NM 88210

District III District III 1000 Rio Brazos Road, Aztec, NM 874 OCT 2 1 ZÜLL

District IV District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 HORRSOCD

State of New Mexico

ECEIVED 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

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 hability 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 ENERGY CORP. OGRID #. 164070 Address 10290 Monroe Dr., Suite 301, Dallas, Texas 75229 Facility or well name State BTD #2 API Number 30-025-01020 OCD Permit Number P1-02501 U/L or Qtr/Qtr J Section 35 Township T11S Range R33E County: Lea Longitude _____ Center of Proposed Design. Latitude NAD: □1927 □ 1983 Surface Owner: 🔲 Federal 🔯 State 🔲 Private 🔲 Tribal Trust or Indian Allotment 2. Closed-loop System: Subsection II 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 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: Lach 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 Operating and Maintenance Plan API Number: 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 Paladin Energy Corp., Bagley SWD #4 Well Disposal Facility Permit Number. API # 30-025-010105 Disposal Facility Name ______ Disposal Facility Permit Number _____ 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 II of 19 15 17 13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection Lof 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

e-mail address: Apha hazag a chasha y con Telephone 214-654-0132 ext 3

Title. V.P Exploration & Production

OCD Approval: Permit Application (including closure plan) Closure Plan (only)
OCD Representative Signature: Approval Date: 10-21-10 Title: 57747 MG2 OCD Permit Number: P1-02501
Title: STAR NGE OCD Permit Number: P1-02501
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: 10/14/2010
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 than two facilities were utilized.
Disposal Facility Name Paladin Energy Corp., Bagley SWD #4 Well Disposal Facility Permit Number: API # 30-025-010105
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
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) David Plaisance Title V.P. Exploration & Production
Signature Date: 10/18/2010
e-mail address: discussive equivalent to the control of the contro

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