

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: <u>XTO Energy, Inc.</u> OGRID #: <u>005380</u>	
Address: <u>200 N. Loraine, Suite 800, Midland, TX 79701</u>	
Facility or well name: <u>Eunice Monument South Unit #698</u>	
API Number: <u>30-025-34847</u>	OCD Permit Number: <u>P1-02650</u>
U/L or Qtr/Qtr <u>I</u> Section <u>10</u> Township <u>21S</u> Range <u>36E</u> County: <u>Lea</u>	
Center of Proposed Design: Latitude _____ Longitude _____ NAD: <input type="checkbox"/> 1927 <input type="checkbox"/> 1983	
Surface Owner: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment	
2. <input checked="" type="checkbox"/> Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: <input type="checkbox"/> Drilling a new well <input checked="" type="checkbox"/> Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input type="checkbox"/> P&A <input checked="" type="checkbox"/> Above Ground Steel Tanks or <input type="checkbox"/> Haul-off Bins	
3. Signs: Subsection C of 19.15.17.11 NMAC <input type="checkbox"/> 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC <input checked="" type="checkbox"/> Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Previously Approved Design (attach copy of design) API Number: _____ <input type="checkbox"/> 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: <u>CRI</u> Disposal Facility Permit Number: <u>NM01-0006</u> 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? <input type="checkbox"/> Yes (If yes, please provide the information below) <input checked="" type="checkbox"/> No Required for impacted areas which will not be used for future service and operations: <input type="checkbox"/> Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC <input type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC <input type="checkbox"/> 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): <u>Patty Urias</u> Title: <u>Regulatory Analyst</u> Signature: <u>Patty Urias</u> Date: <u>11/23/10</u> e-mail address: <u>patty.urias@xtoenergy.com</u> Telephone: <u>432-620-4318</u>	

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

OCD Representative Signature: _____ **Approval Date:** _____

Title: _____ **OCD Permit Number:** P1-0265D

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:** 11/16/2010

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: NM-01-0006

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): Patty Urias Title: Regulatory Analyst

Signature: _____ Date: 11/23/10

e-mail address: patty urias@xtoenergy.com Telephone: 432-620-4318

KZ

NOV 30 2010

Operating and Maintenance Procedure:

- Will submit C-144 (short form) to OCD to get permit to set steel tank at well location to be used to collect fluid during workover.
 - When permit received from OCD, steel tank will be set at well location prior to work performed (without any type of liner).
 - Operator will do daily visual tank inspection to locate any leak that might cause soil or ground water contamination.
 - If leak is detected the OCD will be notified immediately.
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Closure Plan – based upon the appropriate requirements of Subsection C:

Solids and Fluids will be removed from steel tanks and hauled off by trucking companies. They will then be taken to the closest approved public disposal: **See C-144 Form – (CRI – Disposal Facility Permit No. NM-01-0006)**

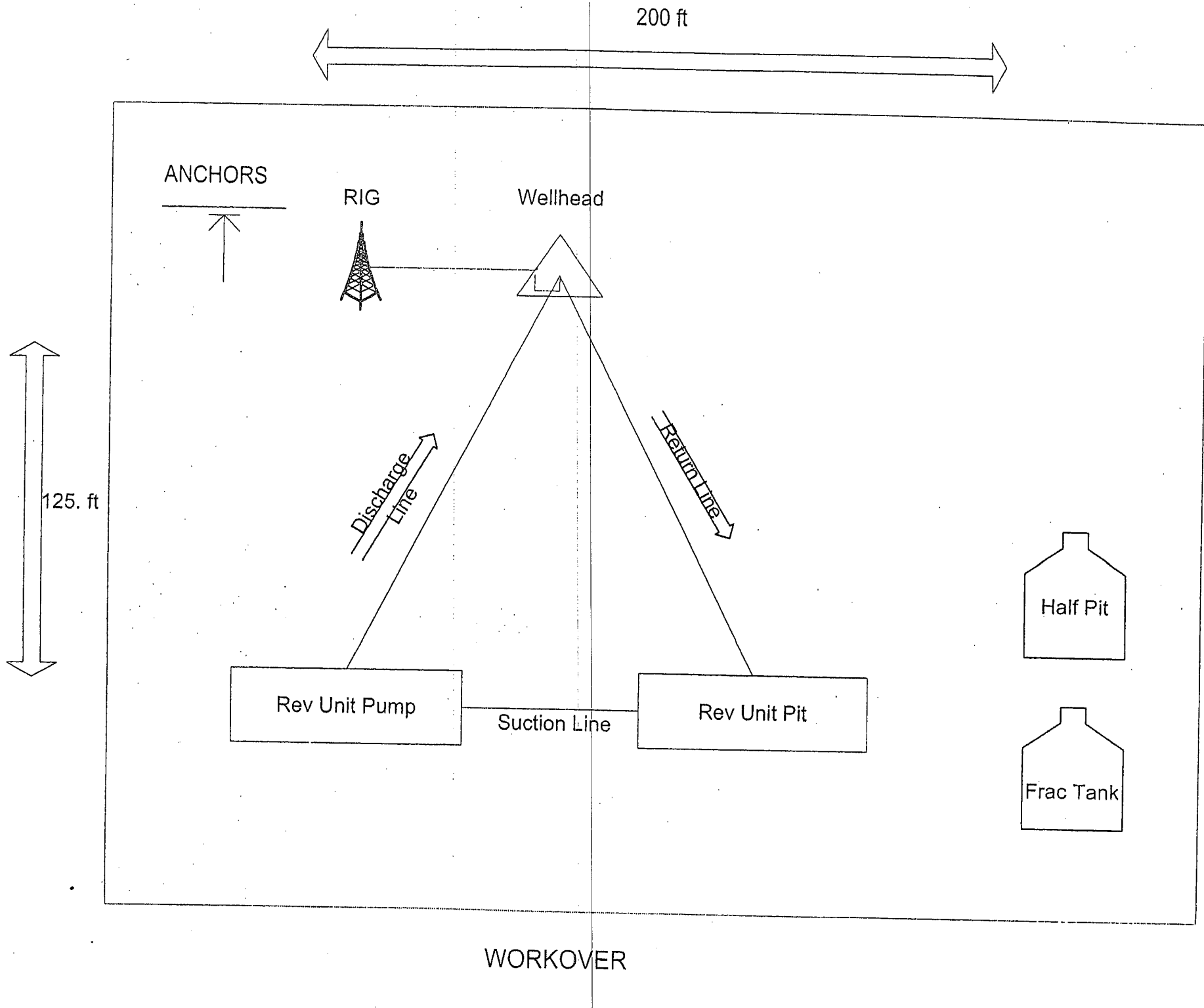


Closure Report

Solids and Fluids were removed from steel tanks and hauled off by trucking companies and taken to.

Disposal Facility Name: CRI

Disposal Facility Permit Number: NM-01-0006





Review Well Chronolgy by Job

Well Name: EUNICE MONUMENT SO. UNIT 698

API/UWI 3002534847	XTO Well ID Number 111563	District North Permian	Area EMSU	Field Name Vacuum North	State New Mexico	County Lea
Spud Date	Orig KB Elev (ft) 3,597.00	Ground Elevation (ft) 3,591.00	KB-Ground Distance (ft) 6.00	Location 2285 FSL & 1280 FEL		

Repair Sub pump/acidize, 11/16/2010

Job Category Well Maintenance	Primary Job Type / Initial Job Type Repair Sub pump/acidize		Start Date 11/16/2010	End Date 11/20/2010
AFE Number	AFE Type	Total AFE Amount	Total Field Estimated Cost 55,081.50	AFE-Field Estimate
Rig Providence	Rig Number 108	Rig Start Date 11/16/2010	Rig Type Pulling Unit	

Daily Operations

Rpt No.	Start Date	Report End Date	Daily Cost Total	Cum Cost To Date	Operation Summary # 1
1.0	11/16/2010	11/17/2010	6,681.50	6,681.50	SITP - 30 psi. MIRU Providence WS (Camilo). ND WH. NU BOP. RU WG spooler. POOH w/118 jts 2-7/8" 6.5# J-55 EUE 8rd prod tbg & LD BCL TD 1750 ESP & mtr (Mtr burned & water in seals). RD spooler. RIH w/7" csg scraper on 118 jts 2-7/8" J-55 tbg to 3717'. POOH w/tbg & LD 7" csg scraper. RU BoMonk TT. RIH w/7" tens pkr on 118 jts 2-7/8" tbg. Test tbg to 5000 psi below slips. RDMO TT. Set pkr at 3717'. SWI & SDON. CMIC - Nathan Franka.
2.0	11/17/2010	11/18/2010	13,700.00	20,381.50	Operation Summary # 1 Set pkr @ 3,717'. RU Cudd Acid equip. L&T TCA w/90 bbls FW & press to 350 psig & monitor thru job. Acidize Grayburg Perfs fr 3,804' - 3,878' w/2,000 gal 20% NEFE 90/10 acid dwn 2-7/8" 6.5# J-55 EUE 8rd prod tbg @ 5 bpm w/2,000 psig max press. Pmpd 2,000# RS in 4 stgs w/good diversion. Flush acid w/60 bbls FW. AIR 4.4 bpm. MIR- 5.4 bpm. ATP- 446 psig. MTP- 1,437 psig. ISIP- Vacuum. RD Cudd. 220 BLWTR. RU swab. RIH w/2-7/8" swab cups. BFL- 2,500' FS. Made 7 runs in 2 hrs rec 24 BLW w/0% oil cut. EFL- 2,900' FS. SWI & SDON. CMIC- Kenny Palmer.
3.0	11/18/2010	11/19/2010	8,300.00	28,681.50	Operation Summary # 1 RIH w/2-7/8" swab cups. BFL- 2,900' FS. Made 12 runs in 3 hrs. Rec 50 BLW w/0% oil cut. EFL- 3,000' FS. RD swab. Rel & POOH w/pkr. RU Spooler. Start in hole w/Woods Group ESP. SWI & SDON. CMIC- Kenny Palmer.
4.0	11/19/2010	11/20/2010	26,400.00	55,081.50	Operation Summary # 1 ND BOP. NU WH. SWU. Well pmpd up in 20 min. RDMO PU. RWTP. Equip in hole: Woods Group 125 stg TD-1750 pmp & 100 HP Motor w/#4 Round Cable (XTO owned) on 118 jts 2-7/8" 6.5# J-55 EUE 8rd prod tbg. Pmp Intake @ 3,755'. Final Report. CMIC- Kenny Palmer.

Patty

11/20/2010

EUNICE MONUMENT SO. UNIT 698

District: North Permian Area: EMSU API/UWI: 3002534847 Reservoir / Operation Eng Contact: Nathan Franka
Primary Job Type / Initial Job Type: Repair Sub pump/acidize Start Date: 11/16/2010 End Date: 11/20/2010 Total Field Estimated Cost:
Operation Summary # 1: ND BOP. NU WH. SWU. Well pmpd up in 20 min. RDMO PU. RWTP. Equip in hole: Woods Group 125 stg TD-1750 pmp & 100
HP Motor w/#4 Round Cable (XTO owned) on 118 jts 2-7/8" 6.5# J-55 EUE 8rd prod tbg. Pmp Intake @ 3,755'. Final Report. CMIC-
Kenny Palmer.

Report End Date: 11/20/2010