District I -71625 N. French Dr., Hobbs, NYAW 42 1 2011 NOV 30 2010 Department

Energy Minerals and Natural Resources
30 2010 Department District II
1301 W. Grand Avenue, District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 HOBBS Gil Gonservation Division 220 South St. Francis Dr.

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

Santa Fe, NM 87505

(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. |
|--|
| Operator: Yates Petroleum Corporation OGRID #: 025575 |
| Address: 105 South Fourth Street Artesia, NM_88210 |
| |
| Facility or well name: METEOR BEM.ST#1 API Number: 30-025-24812 OCD Permit Number: PI-02646 |
| API Number: 30-023-24812 OCD Perinti Number: 17-9020 (8) |
| U/L or Qtr/Qtr F Section 23 Township 11S Range 34E County: LEA |
| Center of Proposed Design: Latitude Longitude NAD: 1927 1983 |
| Surface Owner: Federal State Private Tribal Trust or Indian Allotment |
| 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: S. 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: TENNECO SWD #1 Disposal Facility Permit Number: 300252567200 |
| 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 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 |
| 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 |
| Name (Print): Mike Allen |
| Signature: Date: 11/29/2010 |
| e-mail address: _mikea@yatespetroleum.com Telephone;575-748-1471, |

Form C-144 CLEZ

Oil Conservation Division

Page 1 of 2

| OCD Approval: Permit Application (including closure plan) Closure Plan (only) | | |
|---|--|--|
| OCD Representative Signature: | OCD Permit Number: P1-02646 | |
| Title: Geologist | OCD Permit Number: P1-02646 | |
| 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: 12-2-2010 | | |
| 9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, dri | That Utilize Above Ground Steel Tanks or Haul-off Bins Only: | |
| two facilities were utilized. | | |
| Disposal Facility Name: | Disposal Facility Permit Number: | |
| Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No | Disposal Facility Permit Number: in areas that will not be used for future service and operations? | |
| Required for impacted areas which will not be used for future service and operated. Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique | ions: | |
| to. Operator Closure Certification: | | |
| I hereby certify that the information and attachments submitted with this closure a belief. I also certify that the closure complies with all applicable closure requires. | | |
| Name (Print): MIKE ALLEN | Title: COMPLETION SUPERINTENDENT | |
| Signature: Mish offe | Date: 1-19-2011 | |
| e-mail address:mikea@yatespetroleum.com | Telephone: 575-748-147 | |
| | | |
| | | |
| | | |
| | | |

Oil Conservation Division

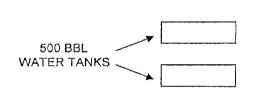
Page 2 of 2

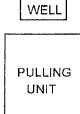
Form C-144 CLEZ



Attachment to C-144 CLEZ

RE-COMPLETION





SWAB TANK 500-250 BBL