## State of New Mexico

1625 N. French Dr., Hobbs, NM 88240 District II

There Minerals and Natural Resources

Department

1301 W. Grand Avenue, Artesia, NM 88210 District III

APR 06 2011 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fc, NM 875050BBSOCD Santa Fe, NM 87505

Oil Conservation Division 1220 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

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: X 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

Coperation   Celero Energy II, LP   OGRID #: 247128	environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.		
Address: 400 W. Illinois, Ste. 1601 Midland, TX 79701 Facility or well name: Rock Queen Unit #92 PAPI Number: 30-005-00933 OCD Permit Number: \$\frac{1}{2} - \frac{3}{2} \frac{3}{2} \] U.L. or Qiv(Qr M. Section 36 Township 138 Range 31E County: Chaves Center of Proposed Design: Latitude Longitude NAD: \$\frac{1}{2} \trace{2} \trace{2} \frac{1}{2} \trace{2} \tracee{2} \trace{2} \tracee{2} \t	Operator: Celero Energy II, LP OGRID #: 247128		
API Number: 30-005-00933  OCD Permit Number: 1-03082  U.I. or QurQtr M Section 36 Township 138 Range 31E County: Chaves  Center of Proposed Design: Latitude			
Center of Proposed Design: Latitude	Facility or well name: Rock Queen Unit #92		
U/I. or Qtr/Qtr M Scetion 36 Township 13S Range 31E County: Chaves  Center of Proposed Design: Latitude Longitude NAD:   1927   1983  Surface Owner:   Federal   State   Private   Tribal Trust or Indian Allotment    Consect-loop System: Subsection H of 19.15.17.11 NMAC	API Number: 30-005-00933 OCD Permit Number: 47-03092		
Surface Owner:   Federal   State   Private   Tribal Trust or Indian Allotment    Closed-Ionp System: Subsection H of 19.15.17.11 NMAC			
Surface Owner:   Federal   State   Private   Tribal Trust or Indian Allotment    Closed-Iuop 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     Application   Application   Application   Application     Application   Application   Application   Application   Application   Application   Application     Application	Center of Proposed Design: Latitude Longitude NAD: 1927 1983		
Operation:   Drilling a new well   Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)   P&A   Moreover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)   P&A   Moreover Operators   Moreover   Moreover Operators   Moreover Operators   Moreover   Moreo			
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 Idems must be attached to the application. Please Indicate, by a check mark in the box, that the documents are attached.   Dosign 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:	Operation: Drilling a new well X Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A		
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 19.15.17.12 NMAC Coperating 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:  Swaste 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: Gandy Marley Disposal Facility Name: Gontrol Recovery Disposal Facility Permit Number: NM 01-0019 Disposal Facility Name: Control Recovery Disposal Facility Permit Number: NM 01-006 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: Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC 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 I of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Revegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Description Certification:  I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and	Signs: Subsection C of 19.15.17.11 NMAC  12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers		
Previously Approved Operating and Maintenance Plan	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.    X   Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC   X   Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC		
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: Gandy Marley   Disposal Facility Permit Number: NM 01-0019			
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: Gandy Marley Disposal Facility Permit Number: NM 01-0019  Disposal Facility Name: Control Recovery Disposal Facility Permit Number: NM 01-006  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  Title: Regulatory Analyst  Date: 04/06/2011	Previously Approved Operating and Maintenance Plan API Number:		
Disposal Facility Name: Control Recovery  Disposal Facility Permit Number: NM 01-006  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  hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): Lisa Hunt  Title: Regulatory Analyst  Date: 04/06/2011	Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two		
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   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   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): Lisa Hunt	Disposal Facility Name: Gandy Marley Disposal Facility Permit Number: NM 01-0019		
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): Lisa Hunt   Title: Regulatory Analyst     Signature:   Date: 04/06/2011			
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): Lisa Hunt  Title: Regulatory Analyst  Signature:  Date: 04/06/2011	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		
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): Lisa Hunt  Title: Regulatory Analyst  Date: 04/06/2011	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		
Signature: Sua Hunt Date: 04/06/2011			
	Name (Print): Lisa Hunt Title: Regulatory Analyst		
e-mail address: <u>lhunt@celeroenergy.com</u> Telephone: <u>_(432)686-1883</u>	Signature: Date: 04/06/2011		
	e-mail address: <u>Ihunt@celeroenergy.com</u> Telephone: <u>(432)686-1883</u>		

OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature: 4-11-2011		
Title: STASS WAS	OCD Permit Number: <u>P1-03082</u>	
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 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:	Disposal Facility Permit Number:	
Disposal Facility Name:	Disposal Facility Permit Number:	
Were the closed-loop system operations and associated activities performed on or  ☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No	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 operation   Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique	ons:	
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): Lisa Hunt	Title: Regulatory Analyst	
Signature:	Date: 04/06/2011	
e-mail address: Ihunt@celeroenergy.com	Telephone: (432)686-1883	

Rock Queen Unit #92, API #30-005-00933 Attachment to NMOCD Form C-144 CLEZ, Item number 4.

#### Design Plan

The closed-loop system will not involve a drying pad, temporary pit, below-grade tank or sump. Workover fluids and any accompanying cuttings will be circulated from the well through appropriate piping to a welded-steel tank of adequate volume. Cuttings will be separated from the workover fluids and held in a haul-off bin before the workover fluid is re-circulated to the well.

Fencing or netting is not required for an above-ground, closed-loop system. The site will have a sign in compliance with 19.15.3.103 NMAC.

### Operating and Maintenance Plan

Welded-steel tanks, haul-off bins, and associated piping will be maintained to contain liquids and solids. The equipment will be periodically inspected each day for leaks. The NMOCD District Office will be notified within 48 hours of the discovery of any leak in the equipment. Operations will be suspended and repairs will be started immediately upon the discovery of any leak. Hazardous waste, miscellaneous solid waste or debris will not be discharged into or stored in tanks or haul-off bins. Only fluids used in or cuttings generated by operations will placed or stored in the tanks or bins.

Fluids used in operations will be transported to Control Recovery for disposal on a periodic basis as necessary. Cuttings generated by operations will be transported to Gandy - Marley, Inc. for disposal on an as-needed basis.

#### Closure Plan

Steel tanks, haul-off bins, and related piping will be properly maintained. During and after rig operations, workover fluids and any generated cuttings will be hauled to Control Recovery and Gandy - Marley, Inc., respectively. All service equipment necessary for operations will be removed from the site at the conclusion of operations. Since there will not be any drying pads, temporary pits, or below-grade tanks or sumps, and future service and/or operations are likely, the site will not be reclaimed. The site will be reclaimed and re-vegetated once the well is permanently abandoned.