# State of New Mexico HOBBS OCDIERRY Minerals and Natural Resources

Form C-144 CLEZ July 21, 2008

District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 8821 District III 1000 B in Brazos Road Azter NM 87410

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

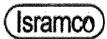
Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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

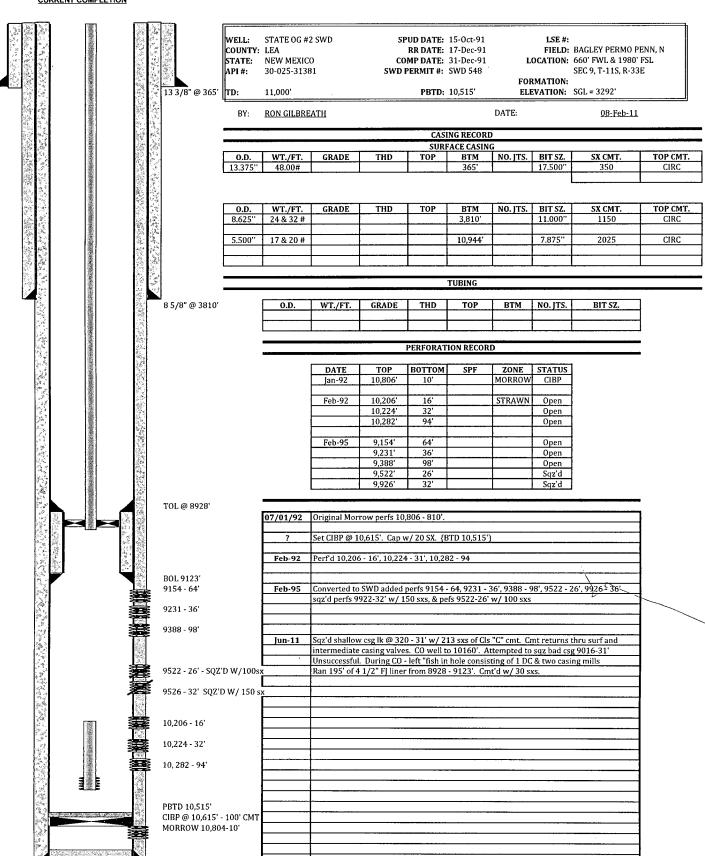
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)		
Type of action: Permit 🗹 Closure		
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop 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.		
Operator: JAY MANAGMENT CO., LLC	OGRID #: 247692	
Address: 2425 WEST LOOP SOUTH - STE 810; HOUSTON, TEXAS 77027		
Facility or well name: STATE OG #2 -548		
API Number: 30-025-31381	OCD Permit Number: P1 - 03228	
API Number: 30-025-31381  U/L or Qtr/Qtr L Section 9 Township 11S	Range 33E County: LEA	
Center of Proposed Design: Latitude	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		
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		
	r:	
Previously Approved Operating and Maintenance Plan API Number	r:	
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	Disposal Facility Permit Number: NM 01 - 0019	
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 <i>will not</i> 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		
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): RON GILBREATH	Title: SENIOR STAFFF ENGINEER	
Signature: Pen Selbrank	Date: 09-JUNE-2011	
e-mail address: rgilbreath@isramco-jay.com	Telephone: 713 / 456 - 7892 ext 309	

OCD Approval: Permit Application (including closure plan)	an (only)	
OCD Representative Signature:	Approval Date: LIN 1 0 2011	
Title: <u>OISTRIGT 1 SUPERISON</u>	OCD Permit Number: P1-03228	
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: 26 - MAY - 2011		
Olosure 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.  GANDY MARI FY DISPOSAL  NM 01 - 0019		
Disposal Facility Name: GANDY MARLEY DISPOSAL  Disposal Facility Name:	Disposal Facility Permit Number: NM 01 - 0019  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)		
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): RON GILBREATH	Title: SENIOR STAFFF ENGINEER	
Signature: Ron Selbrent	Date:	
e-mail address: rgilbreath@isramco-jay.com	Telephone: 713 / 456 - 7892 Ext 309	



### **ISRAMCO - JAY MANAGEMENT**

### **CURRENT COMPLETION**



5 1/2" @ 10,944'