<u>District 1</u> 1625 N French Dr , Hobbs, NM 88240 District II 4301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV

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

State of New Mexico **Energy Minerals and Natural Resources** Department

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

July 21, 2008

Form C-144 CLEZ

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 X 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 APACHE CORPORATION OGRID # 873
Address. 303 VETERANS AIRPARK LN., STE. 3000 MIDLAND TEXAS 79705
Facility or well name: LEE FEDERAL #42
API Number: 30-015- 39223 OCD Permit Number: 211737
U/L or Qtr/Qtr O Section 17 Township 17 S Range 31 E County EDDY
Center of Proposed Design. Latitude 32.828324 N Longitude 103.889866 W 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)
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
NMOCD ARTESIA
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 MAC and 19 15.17 13 MAC
Previously Approved Design (attach copy of design) API Number: SEP 01 2011
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: SUNDANCE INCORPORATED Disposal Facility Permit Number: NM-01-0003
Disposal Facility Name CRI Disposal Facility Permit Number NM-01-0006
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): SORINA L. FLORES	DRILLING TECH III	
Signature Sorena & Hores Date:	JANUARY 28, 2011	
e-mail address. <u>sorina.flores@apachecorp.com</u> Telephone:	432-818-1167	
OCD Approval: Permit Application (including closure plan) Closure P	lan (only)	
OCD Representative Signature:	Approval Date: 07 27 2011	
Title: DIST IL SUPERVISO	OCD Permit Number: 211737	
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: 8-23-201/		
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, dril		
two facilities were utilized. Disposal Facility Name:	Disposal Facility Permit Number: MM-01-0006	
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		
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): VICKI BROWN	Title: Arilling Pich	
Signature. Nicke Brown.	Date: 8-23-2011	
e-mail address VICKI. brown Capachelor a. com	Telephone: 432.818, ///7	