1625 N French Dr , Hobbs, NM 88240 District II Ed I S First St , Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410

HOBBS OCD State of New Mexico
Energy Minerals and Natural Resources Department

Form C-144 CLEZ July 21, 2008

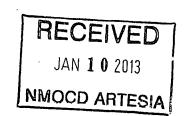
District IV 1220 S St Francis Dr , Santa Fe, NM 87505

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 S	ystem Permit	or Closure	Plan Ap	plication

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. APACHE CORPORATION OGRID #: 873					
Address: 303 VETERANS AIRPARK LN., STE. 3000 MIDLAND TEXAS 79705					
Facility or well name: NBTWEEN STATE #036					
API Number 30-015- 40/54 OCD Permit Number: 212718					
U/L or Qtr/Qtr G Section 25 Township 17 S Range 28 E County: EDDY					
Center of Proposed Design: Latitude 32.8075 N Longitude 104.126339 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 RECEIVED					
3. APR 6 2012					
Signs. Subsection Col 19.15.17.11 NWAC					
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  NMOCD ARTESIA					
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. <u>SUNDANCE INCORPORATED</u> Disposal Facility Permit Number: <u>NM-01-0003</u>					
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					



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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): SUSAN BLAKEMORE	Title: <u>DRILLING TECH</u>			
Signature:	Date: <u>APRIL 5, 2012</u>			
e-mail address: susan.blakemore@apachecorp.com	Telephone: <u>432-818-1966</u>			
7. OCD Approval:  Permit Application (including closure plan)  Closure Plan (only)				
OCD Representative Signature:	Approval Date: 131 3013			
Title: DOT PR Supervision	OCD Permit Number: 212778			
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: 12-2-12				
Closure Report Regarding Waste Removal Closure For Closed-loop St.  Instructions: Please indentify the facility or facilities for where the liquid two facilities were utilized.  Disposal Facility Name:  Disposal Facility Name:  Were the closed-loop system operations and associated activities performed Yes (If yes, please demonstrate compliance to the items below)  Required for impacted areas which will not be used for future service and Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	Disposal Facility Permit Number: Disposal Facility Permit Number: do nor in areas that will not be used for future service and operations?			
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: Arla Fech			
Signature: Wieki Brown	Date: 1-4-13			
e-mail address: vicki.brown@apachecorp.com	Telephone: 432.818.1000			