strict	HOBBS	SOCD				Form C-144 CLEZ
525 N. French Dr., Hobbs, NM strict II	188240	State o Energy Minerals 5 2013 De	t New Mexico	sources		21-Jul-08
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strict IV			th St. Francis Di Fe, NM 87505		e removal for close CD District Office.	ire, submit to the appropriate
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		op System Peri				
(that o	only use above ground stee					<u>closure)</u>
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closed-loop system that only ease be advised that approva	one application (Form C-144 Cl y use above ground steel tanks al of this request does not relie	s or haul-off bins and we the operator of li	f propose to implem ability should opera	tions result in pollut	for closure, pleas for closure, pleas the state of surface wat	e submit a Form C-144. er, ground water or the
vironment, Nor does appro-	val relieve the operator of its r	esponsibility to com	ply with any other a	pplicable governme	int authority's rule	, regulations or ordinances.
perator	Apache Corp	oration		OGRID#	873	
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J. **							
<u>)CD-Approval:</u>	Permit Application (including closure plan)	Closure Plan (only)					
DCD Representative Sign	ature: <u>ARDade</u>		Approval Date: 11/28/12				
litle: Dr	T R. S. Reweson	OCD Peri	mit Number: <u>213642</u>				
3.	<u></u>						
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC nstructions: 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. N Closure Completion Date: $3 - 18 - 13$							
	waste Removal Closure For Closed-loop System						
instructions: Please identify wo facilities were utilized.	the facility or facilities for where the liquids, drilling f	luids and drill cuttings wer	e disposed . Use attachment if more than				
Disposal Facility Name:		Disposal facilit	y Permit Number:				
Jisposal Facility Name:		Disposal facilit	Disposal facility Permit Number:				
Nere the closed-loop system	n operations and associated activities performed on or	In areas that will not be use	ed for future service and operations?				
Yes (if yes), pl	ease demonstrate compliance to the items below)	1 No					
Required for impacted oreas	which will not be used for future service and operation	5:					
Site Reclamat	ion (Photo Documentation)						
Soil Backfilling	and Cover Installation						
Re-vegetation	Application Rates and Seeding Technique						
10.							
Dperator Closure Certifi	cation:						
I hereby certify that the info	rmation and attachments submitted with this closure r	eport is true, accurate and	complete to the best of my knowledge				
and belief. Talso certify that	t the closure complies with all applicable closure requir	ements and conditions spec	cified in the approved closure plan.				
Name (Print)	Guinn Burks	Title:	Reclamation Foreman				
Signature:	_ Suin Buchs_	Date:	2-20-13				
e-mail address:	guinn.burks@apachecorp.com	Telephone:	432-556-9143				

Form C-144 CLEZ

Oil Conservation Division

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