HOBBS OCD

RECEIVED

<u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240

District II 1301 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

JUN 0.5 2013 State of New Mexico JUN 1 0 2013
Energy Minerals and Natura Resources
Department NMOCD Express

Form C-144 CLEZ 21-Jul-08

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

NMOCD Represent Suprey tems that only use above ground steel tanks or half off bins and purpose to implement waste removal for closure, submit to the appropriate

NMQCD District Office.

Closed-Loop S	ystem Permit or Clo	sure Plan Application

	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)									
	Ту	pe of action:		Permit	(An	Closure			
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-looped 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 politicin of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable government authority's rules, regulations or ordinances.									
1.			;		•				
Operator	Apac	he Corporation	nį		OGRID#		873		
Address:		303 Vetera	ns Airpark l	ane, Ste 3	000, Midlan	d, TX 7970	5		
Facility or Well Name:			En	npire Abo (Jnit "H" #2!	94]
API Number:	30-015	-22632		OCO Permit	Number:	213	898]
U/L or Qtr/Qtr	fVI Sec	tion 33	Township	175	Range	28E	County: Eddy		
Center of Proposed Desig	n: Latitude		 	Longitude	-		NAD:	1927	1983
Surface Owner:	Federal 🗹	State	Private	Tribal T	rust or Indian	Allotment			
2. \sum Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well									
3. Signs: Subsection C of 19.15 12" x 24", 2" lettering, Signed in compliance w	providing Operator's r		nd emergency t	elephone num	pers	1	FEB 4 2013	ļ	
4.		i				MM	OCD ARTE	SIA	
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:						·			
5. 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 identify 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 Services Disposal Facility Permit Number: NM-01-0003									
Disposal Facility Name:		olled Recovery in	nc.	-	posal Facility Pe	-		1-0005	
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) V									
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									
6.	······································								
Operator Application Cer	tification:	ļ							
I hereby certify that the info	rmation submitted wil	th this application is t	true, accurate ai	nd complete to	the best of my l	knowledge and	belief.		
Name (Print)		Guinn Burks		Title:		Reclar	nation Forema	n	
Signature:	SVIII	in Bush	2	Date:		1	1/29/2013		
e-mail address:	guine hu	rks@anachecorr) com	- Telenhone		AR	2-556-9143		

Form C-144 CLEZ

Oil Conservation Division

Page 1 of 2

OCD Approval:	Permit Application (including closure plan)	Closure Plan (only)		
	R) \ da			
OCD Representative Signs	ature:	Approval Date: 2/4/20/3		
Title:	Mexpormus-	OCD Permit Number: 2/3898		
8.				
	within 60 days of closure completion): Subsection			
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: 5-29-13				
9.				
Closure Report Regarding		That Utilize Above Ground Steel Tanks or Haul-off Bins Only:		
Instructions: Please identify two facilities were utilized.	the facility or facilities for where the liquids, drilling fluid	ds and drill cuttings were disposed . Use attachment if more than		
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 in areas that will not be used for future service and operations?				
Yes (if yes), ple	ase demonstrate compliance to the items below)	1 l No		
Required for impacted areas t	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				
10.				
Operator Closure Certifica	ation:	•		
I hereby certify that the infor	mation and attachments submitted with this closure repo	ort is true, accurate and complete to the best of my knowledge		
and belief. Talso certify that t	the closure complies with all applicable closure requireme	ents and conditions specified in the approved closure plan.		
. Name (Print)	Guinn Burks	Title: Reclamation Foreman		
Signature:	Query Buly	Date: 6-04-13		
e-mail address:	guinn.burks@apachecorp.com	Telephone: 432-556-9143		

District I 1625 N. French Dr., Hobbs, NM 88240 <u>District</u> II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road; Aztec, NM 87410

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

Department

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

Form C-144 CLEZ 21-Jul-08

For closed-loop systems that only use above ground steel tanks or haul off bins and purpose to implement waste removal for closure, submit to the appropriate NMQCD-District-Office.

District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 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) Closure Type of action: Instructions; Please submit one application (Form C-144 CLEZ) per individual closed-looped 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 politition of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable government authority's rules, regulations or ordinances. Operator **Apache Corporation**! OGRID# 873 303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705 Address: Empire Abo Unit "H" #294 Facility or Well Name: API Number: 30-015-22632 OCD Permit Number: County: Eddv U/L or Qtr/Qtr 33 **17S** 28E Section Township Range NAD: 1927 Center of Proposed Design: Latitude Longitude Federal 🔽 ☐ Tribal Trust or Indian Allotment Surface Owner: State Private [J] Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: 📗 Drilling a new well 🔃 Workover of 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 4 2013 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 opplication. 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 [7] V 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 4 API Number: Previously approved Design (attach copy of design) API Number: Previously Approved Operating and Maintenance Plan 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 Identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. **Sundance Services** NM-01-0003 Disposal Facility Name: Disposal Facility Permit Number: Controlled Recovery Inc. Disposal Facility Name: 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 Vo 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: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print) **Guinn Burks Reclamation Foreman** Title: 1/29/2013 Signature: Date:

guinn.burks@apachecorp.com

e-mail address:

Telephone

OCD Approval: Permit Application (including closure plan) Closure Plan	ı (only)				
OCD Representative Signature:	Approval Date: 2/4/20/3				
Title: Dro- Herperwas	OCD Permit Number: 2/3898				
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.					
Ciosure Co	mpletion Date: 5-29-13				
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please identify 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:				
oisposal Facility Name: Disposal facility Permit Number:					
Were the closed-loop system operations and associated activities performed on or in areas that wil	not be used for future service and operations?				
Yes (If yes), please demonstrate compliance to the items below)	No				
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					
[10.					
Operator Closure Certification:	·				
I hereby certify that the information and attachments submitted with this closure report is true, ac					
and belief. I also certify that the closure compiles with all applicable closure requirements and conditions specified in the approved closure plan.					
Name (Print) Guinn Burks Tin	le: Reclamation Foreman				
Signature: Suring Bullo Da	te: 6-04-13				
e-mail address: guinn.burks@apachecorp.com Telepho	ne: 432-556-9143				