## RECEIVED

1625 N. French Dr., Hobbs, NM 88240

District !! JUL 1 6 2013

District III
1000 Rio Brazos Road, AzteNMOOD ARTESIA
District IV

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 AMMOCD District Office.

1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM	87505 NIVIC	OCD District Office.	one of the second of the secon
Closed-Loo	System Permit or (	Closure Plan Applicat	ion	
(that only use above ground steel t	] anks or haul-off bins and	propose to implement wa	aste removal for closu	ire)
Type of action	· —	1	,	
Instructions: Please submit one application (Form C-144 CLEZ)	per Individual closed-loope	d system request. For any ag	pHcotion request other	than for a
closed-loop system that only use above ground steel tanks of Please be advised that approval of this request does not relieve t				
environment. Nor does approval relieve the operator of its response	• •	•		
1.		And the second s	<del>-</del> :	
Operator Apache Corpoi	<del></del>	OGRID#	873	
Address: 303 Ve	<del>-                                    </del>	, Ste 3000, Midland,	TX 79705	
Facility or Well Name:	Empir	e Abo Unit "J" #231		
API Number: 30-015-21626	OCD.	Permit Number:	213775	
U/I. or Qtr/Qtr <b>G</b> Section	6 Township	18s Range	28E County:	Eddy
Center of Proposed Design: Latitude	Long	gitude	NAD:	☐ 1927 ☐ 1983
Surface Owner: Federal State	Private	Tribal Trust or Indian Allo	tment	
2.				
J   Closed-loop System: Subsection H of 19.15.17.11 N	MAC			
Operation:   Drilling a new well   Workover of Drillin	g (Applies to activities which	require prior approval of a p	ermit or notice of intent	r) 🗸 P&A
Above Ground Steel Tanks or Haul-	off Bins			
3.			RECEIV	FDI
Signs: Subsection C of 19.15.17.11 NMAC				<i>i</i> 1
12" x 24", 2" lettering, providing Operator's name, site local Signed in compliance with 19.15.3.103 NMAC	tion, and emergency teleph	one numbers	JAN 14 20	113
			BIBROOD ACT	
4. Closed-loop Systems Permit Application Attachment Checklist:	Subsection R of 19 15 17 9	NMAC	NWOCD ART	ESIA
Instructions; Each of the following items must be attached to t			ox, that the documents	are
attached.				
Design Plan - based upon the appropriate requirem				
Operating and Maintenance Plan - based upon the	.1.			
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:	<del> </del>		
5.				
Waste Removal Closure For Closed-loop Systems That Utilize A		•	•	_
Instructions: Please identify the facility or facilities for the disp facilities are required.	osor of inquius, arming fluius	and arm cultings. Ose attac	annen <b>t y</b> more taun two	j
Disposal Facility Name: Sundance Ser	vices	Disposal Facility Permit	Number:	NM-01-0003
Disposal Facility Name: Controlled Recov		Disposal Facility Permit		NM-01-0006
Will any of the proposed closed-loop system operations and asso	1	in areas that will not be use	d 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 set	vice 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 require	ľ			
Site Reclamation Plan - based upon the appropriate req	irements of Subsection G o	f 19.15.17.13. NMAC		
6.				
Operator Application Certification:			•	
I hereby certify that the information submitted with this applica	ion is true, accurate and cor	nplete to the best of my know	wledge and belief.	
Name (Print) Suinn Bur	ks	Title:	Reclamation Fo	reman
Signature:	restre	Date:	1/7/2013	<b>.</b>
e-mail address: guinn.burks@apach	ecorp.com Tel	ephone	432-556-91	43

7.			<del></del>		
<b>1</b> • • • • • • • • • • • • • • • • • • •	on (including closure plan	"	Closure Plan (only)		
	and I a	'') <u> </u>			115/12
OCD Representative Signature:	zyocooci			Approval Date:	1/13/13
Title: DIST PSych	win		OCD Perm	it Number:	213775
8.					
Closure Report (required within 60 days					
Instructions: Operators are required to obtain The closure report is required to be submitted					
section of the form until an approved closure					2 2 1 2
		t√i	Closure Completion Dat	e:	1/20/2/3
9.					
Closure Report Regarding Waste Remov					
Instructions: Please identify the facility or fa- two facilities were utilized.	cilities for where the liqu	uids, drilling flui	is and drill cuttings were di	sposed . Use atto	achment if more than
Disposal Facility Name:					
Disposal Facility Name:					
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?				and operations?	
Yes (If yes), please demonstrate compliance to the items below)					
Required for impacted areas which will not be	used for future semire o	and operations:			
Site Reclamation (Photo Docum		та ореганола.			
	.				
Re-vegetation Application Rate		3			
10.					
Operator Closure Certification:			•		
I hereby certify that the information and attac	chments submitted with	this closure repo	rt is true, accurate and com	plete to the best	of my knowledge
and belief. I also certify that the closure comp	plies with all applicable cl	losure requirem	ents and conditions specified	d in the approved	closure plan.
Name (Print)	Guinn Burks		Title:	Recla	mation Foreman
Signature:	Main Bur	ho	Date:	7-9	-13
e-mail address: guinn	.burks@apachecor	p.com	Telephone:	4	132-556-9143
		<del></del>		*	

District I

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

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

> Oil Conservation Division 1220 South St. Francis Dr.

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 NMOCD District Office.

1220 S. St. Francis Dr., Santa Fe, NM 87505 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 Permit Type of action: ∠ Closure Instructions: Please submit one application (form C-144 CLEZ) per individual clased-looped system request. For any application request other than for a closed-loop system that only use above ground steel tanks or houl-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 government authority's rules, regulations or ordinances. 1. **Apache Corporation** Operator OGRID# 873 303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705 Address: Empire Abo Unit "J" #231 Facility or Well Name: API Number: 30-015-21626 OCD Permit Number: U/i. or Qtr/Qtr 18s 28E County: Eddy Section Township Range Center of Proposed Design: NAD: 1927 Latitude Longitude Surface Owner: Federal State Private Tribal Trust or Indian Allotment | | 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) J 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 JAN 14 2013 Signed in compliance with 19.15.3.103 NMAC NIVOCD 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 dacuments 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: 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: Controlled Recovery Inc. 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) V 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 [7] 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) Buinn Burks Title: **Reclamation Foreman** Signature: 1/7/2013 Date:

Form C-144 CLEZ

guinn.burks@apachecorp.com

e-mail address:

Oil Conservation Division

Telephone

Page 1 of 2

432-556-9143

7.				
OCD Approval: Permit Application (including closure p	an) Closure Plan (only)			
OCD Representative Signature: ADOOL	Approval Date: 1/15/13			
Title: DIST ESpenser	OCD Permit Number: 2/3775			
8.				
	plan prior to implementing any closure activities and submitting the closure report. 60 days of the completion of the closure activities. Please do not complete this ed and the closyfe activities have been completed.			
	Closure Completion Date:			
	d-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: quids, drilling fluids and drill cuttings were dispased . 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 pe	rformed 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:			
	·			
Re-vegetation Application Rates and Seeding Techniq	ųe			
10.				
Operator Closure Certification:				
I hereby certify that the information and attachments submitted will	h 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) Guinn Burks	Title: Reclamation Foreman			
Signature:	ths Date: 7-9-13			
e-mail address: guinn.burks@apacheco	orp.com Telephone: 432-556-9143			