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	Form C-144 CLEZ 21-Jul-08			TT B #1		N. French Dr., Hobbs, NM 8		
DOD Ris Graces Road, Actac, MM S7419 DDI Ris Graces Road, Actac, MM S7419 DDI Ris Graces Road, Actac, MM S7419 DEMARM 1220 South S.F., Francis Dr., Santa Fe, MM 87505 RECENTED Santa Fe, MM 87505 DEMARM Classed-Locop System Permit or Closure Blain Application MMCCPHarmer Display Line Composition Classed-Locop System Permit or Closure Blain Application MMCCPHarmer Instructions: Please submit and explaintion (Farm C144 CLEE) per Individual dosef Acapeta System request. For any applicable prevent of a sufficience work? remover 107 folump. Prevent of the approximation of the system Permit or Closure Plain Applicable prevent of sufficience work? remover 107 folump. Please be advised that approval of this request does not releve the operator of the high should operations: result in pollution of sufficience work? remover 107 folump. Please be advised that approval of this request does not releve the operator of the high should operations: result in pollution of sufficience work? Operator Apache Corporation OGRID# Address: 303 Veterans Airpark Lane, Ste 3000, Mildland, TX 79705 Facility or Well Name: Viaughilin #2 Please Viaughilin #2 Operator Apache Corporation OGRID# Address: 30-025-06035 OcD Permit Number: Please Viaughilin #2 Viaughilin #2 State Pleas	systems that only use above ground	For closed-loop systems	artment	Depa	NM 882197EC AT an	i W. Grand Avenue, Artesia, I		
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2205 St. Hands Or, Stata P, MM 2745 BC (CRVPD) Satid P, MM 2745 B Clased-Loop System Permit or Closure Plan Application (that only use above ground steel tanks or haul-off bins and propose to implement waste remove Type of action: Permity Closure Instructions: Please submit one application (closure closure plan Application constrained and propose to implement waste remove release that approval of this request does not relieve the operator of fability should operations result in pollution of surface environment. Nor does approval relieve the operator of tast repensitive and that approval of this request does not relieve the operator of tast repensitive and that approval of this request does not relieve the operator of closure plan applications evaluation (closure plan application government authority): Deperator Apache Corporation OGRID# Address: 303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705 Facility or Well Name: V Laughtin #2 API Number: 30-025-06035 OCD Permit Number: PI -0.5 Jul or Ott/Otr C Section 9 Township ZOS Range 37E Center of Proposed Design: Latitude Longitude Longitude Longitude 1/1 -0.5 1/1 (Los Close Cover) 1/1 (Los Close Close System: Subsection H of 19.15.17.11 NMAC 1/2 ' 2 2 ' 2 ' ' ' ' ' ' tertering, providing Operator's name, site location, and emergency telephone numbers 2/1 / 2 ' 2 Clos	for closure, submit to the appropriate	ECWaste removal for closur NMQCD-District Office.	i St. Francis Dr. 🥂 🤁	1220 South		ict IV		
Ithat only use above pround steel tanks or haul-off bins and propose to molement waste remove Type of action: Premity Closure Instructions: Please submit are application (form C-144 CLE2) per individuel dised-loops to impliment waste intervations result in pollution of surface movements of the approval of this request to the sections result in pollution of surface movement. Nor does approval of this request does not relieve the operator of liability should operations result in pollution of surface movement authoritys. Dependent Apache Corporation OGRID# Address: 303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705 Sacility or Well Name: V Laughlin #2 VPI Number: 30-025-06035 OCD Permit Number: JA or QLr/Qtr C Section 9 Township Calter of Proposed Design: Latitude Longitude Burder Oroposed Design: Latitude Longitude Calter of Proposed Design: State Private Tribal Trust or Indian Allotment Closed-loop System: Subsection H of 19:15.17.11 NMAC Dependent Dependent Dependent JS state Private Tribal Trust or Indian Allotment Subove Ground Steel Tanks or Hou-off Bins State Design Pian - based upon the appropriate requirements of 19:15:17.3 NMAC Su					and the second se) S. St. Francis Dr., Santa Fe, 1		
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address: 303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705 acility or Well Name: V Laughlin #2 VPI Number: 30-025-06035 OCD Permit Number: PI-055 JU or Otr/Otr C Section 9 Township 205 Range 37E Center of Proposed Design: Latitude Longitude Longitude								
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5. Waste Removal Closure For Closed-loop Systems That Utilize Above ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMA Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if matacilities are required. Disposal Facility Name: Sundance Services Disposal Facility Permit Number: Disposal Facility Name: Controlled Recovery Inc. Disposal Facility Permit Number: 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: No Required for impacted areas which will not be used for future service and operations: No Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Soil Backfill the information submitted with this application is true, accurate and complete to the best of my knowledge and b Name (Print) Guinn Burks Title: Reclams Signature: Willing Burks Title: 12			se Indicate, by a check mari IMAC ients of 19.15.17.12 NMAC	hed to the application. Please equirements of 19.15.17.11 N ion the appropriate requirement d upon the appropriate require) API Number:	ing Items must be attached I upon the appropriate requi ntenance Plan - based upon e complete Box 5) - based u ign (attach copy of desIgn)	ructions; Each of the followin ched. Oesign Plan - based Operating and Main Closure Plan (Please Previously approved Desig		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future s Yes (If yes, please provide the information below) Image: 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 Revegetation Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC Sc Decretor Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and b Name (Print) Guinn Burks Title; Reclam Signature: Sum future 12 12	5. <u>Waste Removal Closure For Closed-Joop Systems That Utilize Above ground Steel Tanks or Haul-off Bins Only:</u> (19.15,17.13.D NMAC) Instructions: Please identify the facility or facilities for the disposal of ilquids, drilling fiulds and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: Sundance Services Disposal Facility Permit Number: NM-01-0003							
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Decrator Application Certification: hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and b Name (Print)	4C		quirements of Subsection H 1 of 19.15.17.13. NMAC	sed upon the appropriate rec requirements of Subsection	Design Specifications based sed upon the appropriate re	Soil Backfill and Cover De Re-vegetation Plan - base		
Name (Print)Guinn BurksTitle:ReclamSignature:Signature:Date:12			and a manifest state of the state					
Signature: Date: 12								
	nation Foreman			A+				
e-mail avoiress: guim.purks@apacnecorp.com leiephone 432	2/5/2012					·		
	2-556-9143	432-556-9	leiepnone	apacnecorp.com	guinn.burks@ap	e-mail address:		
Form C-144 CLEZ Oil Conservation Division Pr	Page 1 of 2 DEC 1 0 2012	Page 1 of	vation Division	Oil Conserv	rm C-144 CLEZ	For		

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7. ,							
OCD Approval:	Permit Application (including closure plan	Closure Plan (only)					
OCD Representative Signa	iture: March Whitch	1	Approval Date: 12-07-2012				
Title:	Compliance Officer	OCD Pe	rmit Number: <u>P1-05500</u>				
8.							
<u>Closure Report (required </u>	within 60 days of closure completion): Subsection	on K of 19.15.17.13. NM	AC				
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 D					
9.							
<u>Closure Report Regarding</u> Instructions: Please identify two facilities were utilized.	<u>Waste Removal Closure For Closed-loop System</u> the facility or facilities for where the liquids, drilling fic	is That Utilize Above Gr uids and drill cuttings were	ound Steel Tanks or Haul-off Bins Only: disposed . Use attachment if more than				
Disposal Facility Name:	· · · · · · · · · · · · · · · · · · ·	Disposal faci	lity Permit Number:				
Disposal Facility Name:			lity 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), please demonstrate compliance to the items below)							
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 Certifica	ation:						
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. Lalso 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:	Sunn buh	Date:	1-30-13				
e-mail address:	guinn.burks@apachecorp.com	Telephone:	432-556-9143				
	MW/OLD 02-0	51-2013					

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Oil Conservation Division

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