| 1625 N. French Dr., Hobbs, NM 88240  | New Mexico<br>and Natural Resources    | Form C-144 CLEZ<br>July 21, 2008   |  |
|--|--|--|--|
| 1301 W. Grand Avenue, Artesia, NM 88210  | partment<br>rvation Division           | For closed-loop systems that only use above ground steel tanks or haul-off bins and propose      |  |
|  | h St. Francis Dr.                      | <i>to implement waste removal for closure</i> , submit to the appropriate NMOCD District Office. |  |
| REGENED Salita PC, INVI 87303  |  |  |  |
| <u>Closed-Loop System Permit or Closure Plan Application</u><br>(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)   |  |  |  |
| Type of action: X 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.<br>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 Lane, Suite 3000 Midland, TX 79705   |  |  |  |
| Facility or well name: West Blinebry Drinkard Unit (WBDU) #017   |  |  |  |
| API Number: $30-025-37463$ OCD Permit Number: $\Upsilon = 500100$  |  |  |  |
| U/L or Qtr/Qtr 1 Section 4 Township 21S  | Range 37E                              | County: Lea  |  |
| Center of Proposed Design: Latitude 32.5069881077614 Longitude -103.160605091764 NAD: 🛛 1927 🗖 1983  |  |  |  |
| Surface Owner: 🛄 Federal 🗋 State 🔀 Private 🗋 Tribal Trust or Indian  | Allotment                              |  |  |
| 2.<br>X Closed-loop System: Subsection H of 19.15.17.11 NMAC   |  |  |  |
| Operation: Drilling a new well X Workover or Drilling (Applies to a  | ctivities which require prior a        | pproval of a permit or notice of intent) $\Box P \& A$   |  |
| Above Ground Steel Tanks or Haul-off Bins  |  |  |  |
| 3.   |  |  |  |
| Signs: Subsection C of 19.15.17.11 NMAC  | r<br>                                  |  |  |
| 12"x 24", 2" lettering, providing Operator's name, site location, and e  | nergency telephone numbers             |  |  |
| Signed in compliance with 19.15.3.103 NMAC   |  |  |  |
| 4.<br><u>Closed-loop Systems Permit Application Attachment Checklist</u> : Subsection B of 19.15.17.9 NMAC<br>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.<br>Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC<br>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)<br>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.<br>Disposal Facility Name: Sundance, Inc.   | Disposal Facility Pe                   | ermit Number: MM-01-0003   |  |
| Disposal Facility Name: CRI  |  | ermit 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?<br>Yes (If yes, please provide the information below) X 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<br>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.<br>Operator Application Certification:  | ······                                 |  |  |
| 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): Reesa Holland Fisher Title: Sr. Staff Reg Tech   |  |  |  |
| Signature: Reesa Holland Fisher  | Date: 04/2                             |  |  |
| e-mail address: Reesa.Holland@apachecorp.com   | Telephone: 43                          | 2/818-1062   |  |
| Form C-144 CLEZ Oil Conservation Division Page 1 of 2  |  |  |  |
|  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |  |
|  | X                                      | APR 2 4 2013   |  |

| OCD Approval: Permit Application (including closure plan) Closure Plan  | r (oniy)   |  |  |
|---|--|--|--|
| OCD Representative Signature:   | Approval Date: 4-24-2013                                     |  |  |
| Title:  | OCD Permit Number: <u>A-06106</u>                            |  |  |
| 8.<br><u>Closure Report (required within 60 days of closure completion)</u> : Subsection K of 19.15.17.13 NMAC<br>Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report.<br>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<br>section of the form until an approved closure plan has been obtained and the closure activities have been completed.<br>Closure Completion Date: |  |  |  |
| 9.<br><u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems T</u>   | That Utilize Above Ground Steel Tanks or Haul-off Bins Only: |  |  |
| Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than  |  |  |  |
| two facilities were utilized.   | NM-01-0003   |  |  |
| Disposal Facility Name: Sundance, Inc.  | 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?<br>Yes (If yes, please demonstrate compliance to the items below) X 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.<br>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):   | Title: Sr. Staff Reg Tech                                    |  |  |
|   |  |  |  |
| Signature:  | Date:  |  |  |
| e-mail address:   | Telephone:   |  |  |

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## DESIGN PLAN, OPERATING & MAINTENANCE PLAN, & CLOSURE PLAN FOR OCD FOR C-144

## DESIGN PLAN

Fluid & cuttings coming from drilling operations will pass over the Shale Shaker with the cuttings going to the Sundance Inc / CRI haul off bin and the cleaned fluid returning to the working steel pits.

Equipment includes:

- 2 500 bbl steel frac tanks (fresh water for drilling)
- 2 180 bbl steel working pits
- 3 75 bbl steel haul off bins
- 2 Pumps (6-1/2" x 10" PZ 10 or equivalent)
- 1 Shale shaker
- 1 Mud cleaner QMAX MudStripper

## **OPERATING AND MAINTENANCE PLAN**

Inspection to occur every tour for proper operation of system and individual components. If any problems are found they will be repaired and/or corrected immediately.

## CLOSURE PLAN

All haul bins containing cuttings will be removed from location and hauled to Sundance Incorporated (NM-01-0003) disposal site located 3 miles East of Eunice, NM on the Texas border / Controlled Recovery, Inc's (NM-01-0006) disposal site located near mile marker 66 on Highway 62/180.

Sorina L. Flores Supv of Drilling Services