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 Fc, NM 87505

State of New Mexico Energy Minerals and Natural Resources JUN 18 2010 Department

RECEIVED

Form C-144 CLEZ July 21, 2008

NMOCOLINES TO Hall only use above no mplement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

(that only use above ground steel tanks or haul-off bins and propos Lement waste removal for closure)

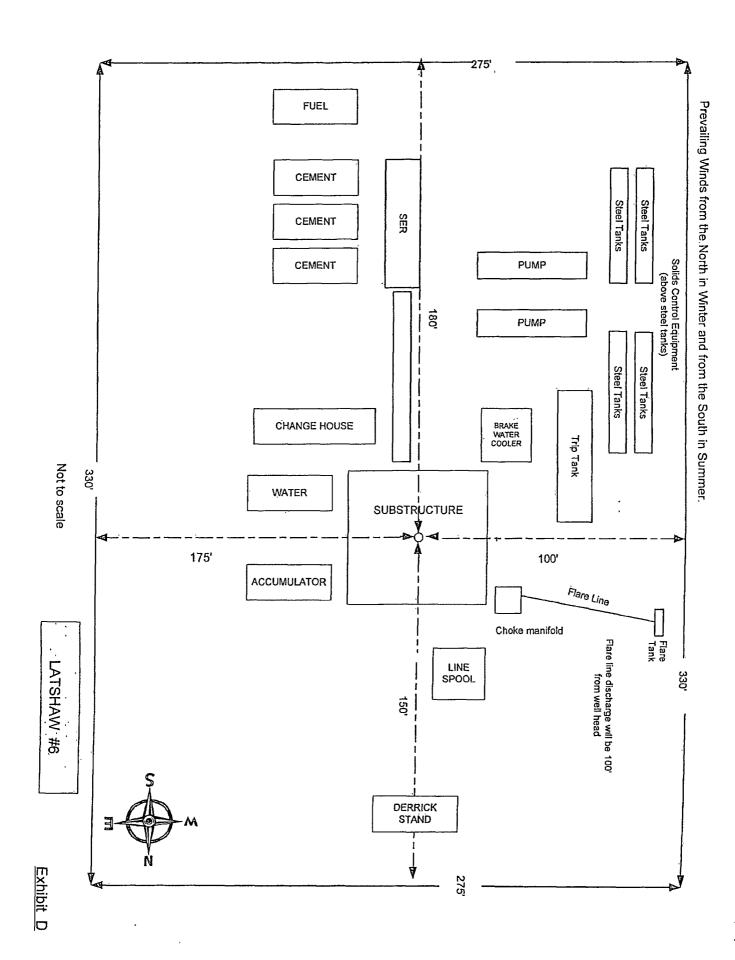
> Type of action: X Permi Closu

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed to provide 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 pollution of surface water, ground water or the

	insibility to comply with any other applicable governmental authority's rul	es, regulations or ordinances.
Operator: Chesapeake Operating, Inc.	OGRID #: 147179	RECEIVE
Address: P.O. Box 18496 Oklahoma City, OK 73154-	0496	LICTIATI
Facility or well name: PLU Ross Ranch 32 State # 1H		SEP 23 2011
API Number: <u>30-015-</u> 37938 .	OCD Permit Number: 2/0459	4100000
	ownship 25 South Range 30 East County: Eddy	NMOCD ARTES
Center of Proposed Design: Latitude 32,0795777 Longitude -103,89617 NAD: ☐1927 ☒ 1983		
Surface Owner: 🗌 Federal 🗵 State 🗎 Private 🗍 Tribal Trust or Indian Allotment		
2. X Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or 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 19.15.17.1.1 NMAC		
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers		
☐ Signed in compliance with 19.15.3.103 NMAC		
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. \[\textstyle \text{Design Plan} - based upon the appropriate requirements of 19.15.17.11 NMAC \[\textstyle \text{Operating and Maintenance Plan} - based upon the appropriate requirements of 19.15.17.12 NMAC \[\textstyle \text{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 \[\textstyle \text{Previously Approved Design (attach copy of design)} \text{API Number:} \] \[\textstyle \text{Previously Approved Operating and Maintenance Plan} \text{API Number:} \]		
s. 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 indentify 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: Controlled Recovery, Inc.	Disposal Facility Permit Number: NM-01-	0006
Disposal Facility Name: Sundance Disposal	Disposal Facility Permit Number: NM-01-	0003
Will any of the proposed closed-loop system operations and Yes (If yes, please provide the information below)	associated activities occur on or in areas that will not be used for futu No	re service and operations?
Required for impacted areas which will not be used for futured. Soil Backfill and Cover Design Specifications based. Re-vegetation Plan - based upon the appropriate required. Site Reclamation Plan - based upon the appropriate re-	ed upon the appropriate requirements of Subsection H of 19.15.17.13 rements of Subsection I of 19.15.17.13 NMAC	ŇМΛС
6. Operator Application Certification:		
l hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.		
Name (Print): Bryan Arrant Title: Senior Regulatory Compl. Sp.		
Signature: Date: 06/15/2010		
e-mail address: bryan arrant@chk.com.	Telephone: _(405)935-3782	·

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature: Durb & Dado Approval Date: 06/23/2010		
Title:		
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. Closure Completion Date:		
Closure Report Regarding Waste Removal Closure For Closed-loop Systems 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. Disposal Facility Name: Disposal Facility Permit Number: MO-01-000		
Disposal Facility Name: Disposal Facility Permit Number:		
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, 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): Lat Richards Title: Hoduction Constraint closure plan.		
Signature: Gat Richards Date: 9-20-11		
e-mail address: pat. richards @ Chk. com Telephone: 575-391-1462		



Chesapeake Operating, Inc.'s Closed Loop System PLU Ross Ranch 32 State # 1H Unit P, Sec. 32, T-25-S R-30-E Eddy Co., NM

Equipment & Design:

Chesapeake Operating, Inc. is to use a closed loop system with roll-off steel pits. This rig has:

Two (2) Linear Motion "National Oilwell 285-P" Shale Shakers

One (1) Brandt HS 3400 Centrifuge

One (1) 500 bbl frac tank for fresh water

One (1) 500 bbl frac tank brine water

Operations & Maintenance:

During each and every tour, the rig's drilling crew will inspect and monitor closely the drilling fluids contained within the steel pits and visually monitor any spill which may occur.

Within 48 hours should a spill, release or leak occur, the NMOCD District II office in Artesia (575-748-1283) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur.

Closure:

During and after drilling operations, liquids (which apply), all drill cuttings and drilling fluids will be hauled and disposed to the Controlled Recovery, Inc.'s location.

The permit number for Controlled Recovery, Inc. is: NM-01-0006 The alternative disposal facility will be Sundance Disposal. Their permit # is: NM-01-0003.