<b>\$</b>	a '− <b>\$</b> '	•		
	District 1	State of New Mexico	F	orm C-144 CLEZ
	1625 N. French Dr., Hobbs, NM 88240 Energ	gy Minerals and Natural Resources	R	evised August 1, 2011
	811 S. First St., Artesia, NM 88210	Department	or closed-loop systems that	only use above
	1000 Pio Brazos Roud Aztec NM 87410	Oil Conservation Division gr	round steel tanks or haul-off implement waste removal for the appropriate NMOCD Di	bins and propose
	District_IV ·	1220 South St. Francis Dr.	the appropriate NMOCD Di	strict Office.
-	1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		, ·
			1	
		stem Permit or Closure Plan Ar		•
		s or haul-off bins and propose to implement	<u>t waste removal for closur</u>	<u>e)</u>
	Тур	e of action: 🖉 👘 🖬 Closure		
	Instructions: Please submit one application (Form C-144 CL	.EZ) per individual closed-loop system request. F	For any application request oth	er than for a
	closed-loop system that only use above ground steel tanks or			
	Please be advised that approval of this request does not relieve the	e operator of liability should operations result in pe	ollution of surface water, groun	d water or the
	environment. Nor does approval relieve the operator of its respon-	sibility to comply with any other applicable gover	nmental authority's rules, regul	
		0.0010 // 14/	2120	RECEIVED
	Operator: Chesapeake Operating, Inc.	OGRID #: <u>14</u>		<b>I</b>
	Address: P.O. Box 18496 Oklahoma City, OK 73154	·		DEC 31 2012
	Facility or well name: LOS MEDANOS 36 23 30 STA	TE 1H		DEC OF COIC
	API Number: 30-015- 40,371		3068	
				NMOCD ARTESI
		· •	County: EDDY	
	Center of Proposed Design: Latitude 32.268147	Longitude103.84035	NAD: 🛛	1927 🔲 1983
	Surface Owner: 🔲 Federal 🔀 State 🗌 Private 🛄 Tribal Tr	rust or Indian Allotment		
	2. NZI CI - al lease Startaneous States (in a literative literative states) in the states of the sta	44.0		
	X <u>Closed-loop System</u> : Subsection H of 19.15.17.11 NN			
	Operation: 🛛 Drilling a new well 🔲 Workover or Drilling	(Applies to activities which require prior appro	val of a permit or notice of in	itent) DP&A
	X Above Ground Steel Tanks or Haul-off Bins			
•	3.		RECEIV	/ED
	Signs: Subsection C of 19.15.17.11 NMAC			
	12"x 24", 2" lettering, providing Operator's name, site lo	antion and amorganous talambana musham		
		cation, and emergency relephone numbers	JUN 0:6 2	2012
	Signed in compliance with 19.15.16.8 NMAC	cation, and emergency telephone numbers	JUN 062	012
			JUN 0.6 2 NMOCD AR	
	Signed in compliance with 19.15.16.8 NMAC	ecklist: Subsection B of 19.15.17.9 NMAC		TESIA
	Signed in compliance with 19.15.16.8 NMAC     A.     Closed-loop Systems Permit Application Attachment Chi Instructions: Each of the following items must be attached	ecklist: Subsection B of 19.15.17.9 NMAC		TESIA
	Signed in compliance with 19.15.16.8 NMAC 4. <u>Closed-loop Systems Permit Application Attachment Ch</u> <i>Instructions: Each of the following items must be attached</i> <i>attached.</i>	ecklist: Subsection B of 19.15.17.9 NMAC I to the application. Please indicate, by a check		TESIA
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	<ul> <li>Signed in compliance with 19.15.16.8 NMAC</li> <li>4.</li> <li>Closed-loop Systems Permit Application Attachment Chi Instructions: Each of the following items must be attached attached.</li> <li>Design Plan - based upon the appropriate requirement Operating and Maintenance Plan - based upon the app Closure Plan (Please complete Box 5) - based upon the Previously Approved Design (attach copy of design)</li> </ul>	ecklist: Subsection B of 19.15.17.9 NMAC I to the application. Please indicate, by a check is of 19.15.17.11 NMAC propriate requirements of 19.15.17.12 NMAC appropriate requirements of Subsection C of API Number:	NMOCD AR	TESIA
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	7.			
	<u>OCD Approva</u> l: Permit Application (including			
	OCD Representative Signature:		Approval Date: 06/13/00/2	1
	Title: As The poly		212010	,
	Title:	OCD Permit Numb	er:	
	8. Closure Report (required within 60 days of closur	e completion): Subsection K of 19 15 17 13 NM	AC	•
	Instructions: Operators are required to obtain an a	pproved closure plan prior to implementing any c	losure activities and submitting the closure report.	
	The closure report is required to be submitted to the section of the form until an approved closure plan l			
		Z Closure Comp		
• •				
	Closure Report Regarding Waste Removal Closur			
	Instructions: Please indentify the facility or faciliti two facilities were utilized.	es for where the liquids, drilling fluids and drill ci	ttings were disposed. Use attachment if more than	
	Disposal Facility Name: CRI	Disposal Facility Pe	rmit Number: NM - 01 - 6066	
	Disposal Facility Name:	Disposal Facility Pc		
	Were the closed-loop system operations and associat		be used for future service and operations?	
	Yes (If yes, please demonstrate compliance to			
	Required for impacted areas which will not be used J	for future service and operations:		
	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 a	applicable closure requirements and conditions sp	pecified in the approved closure plan.	
	Name (Print): Drug Art	ranti Title: Regu	latory Specalist II	
	RUA		12.28.2013	•
	Signature:			
	e-mail address: Bryan. arrante	chk. com Telephone: 4	05.935.3782	
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	Form C-144 CLEZ	Oil Conservation Division	Page 2 of 2	
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