| District | 1 | 1625 N, French Dr., Hobbs. NM 88240 | District H | St. 1, Artesia, NM 88210 | District H | 1600 Rio Grazes Road, Aztec, NM 87410 | District H | 1729 S. St. Francis Dr., Santa Fe, 18M 87505

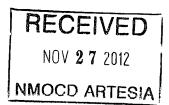
State of New Mexico Energy Minérals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ Revised August 1, 2011

For closed-loop systems that only use above ground steel tanks or hard-off lins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office...

Closed-Loop System Permit or Closure Plan Application
tiligt only use abase ground steel tanks or had-off bins and propose to implement waste removed for closure)
Type of action: N Permit Closure
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed <u>soon system request.</u> For any application request other than for a closed-toop system that only use above ground steel tanks or haut-off hims 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. Not does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
OGRID #: 147715
Address: P.O. Box 18496 Oklahoma City. OK 73154
Facility or well name PLU REMUDA BASIN 4 24 30 USA JH
API Number 30 - 015 - 40660 OCD Permit Number: 213399
U.L. or Qui/Qu. P Section 4 Township 24S Range 30F. County EDDY
Center of Proposed Design: Latitude 32.2399794 Longitude -103,87918 NAD ⊠1927 ☐ 1983
Surface Owner. 🔀 Lederal 🔲 State 🛄 Private 🔲 Tribal Trust or Indian Alloiment
Subsection For 1915 17.11 NMAC
Signs: Subsection C of 19 15,17.11 NAIAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
☑ Signed in compliance with 19.15.16.3 NMAC NMOCD ARTESIA
Instructions: Each of the following items must be netached to the application. Please indicate, by a check mark in the bax, that the documents are attached Design Plan - based upon the appropriate requirements of 19.15-17.11 NN/AC Operating and Manuterance Plan - based upon the appropriate requirements of 19.15-17.12 NM/AC Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of (9.15.17.9 NM/AC and 19.15.17.13 NM/AC) Previously Approved Design (attach copy of design) API Number:
Previously Approved Operating and Maintenance Plan API Number:
Waste Removal Cluster For Closed-Inop Systems That Utilize Above Ground Steel Tanks or Haul-off fins Only: (1945-17.13 D-NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids, and thill cuttings. Ose 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 associated activities occur on or in areas that will not be used for future service and operations? [3] Yes (If yes, please provide the information below) [3] No
Required for impacted areas which will not be used for funite service and operations: Soit Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection 11 of 19 15 17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection 1 of 19 15 17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17.13 NMAC
Operator Application.Certification: 1 hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and helief
Name (Print). Bryan Arrand. Tule. Regulatory Specialist II
Signature
e-mail address: bryan argan@chk.com Telephone: (405)935-3782

1 11 11 11



OCD Approval: M. Permit Application (including closure plan) Closure Plan (on.y) OCD Representative Signature: SPOOD! Approval Date: 9 13/12 Title: D157 B Supowish OCD Permit Number: 213399
S 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. \(\frac{1}{20} \) \(\frac{2012}{2012} \)
V. Closure Report Regarding Waste Removal Closure For Closed-loop Systems. That Utilize Above Ground Steel Tanks or Haul-off Bias Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cutings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: Dispo
Disposal Facility Name; Disposal Facility Permit Number;
Required for impacted areas which will not be used for father service and operations: Site Reslamation (Photo Documentation) Soil Backfilling and Cover Installation Re-veget nion Application Rates and Seeding Technique
Operator Closure Certification: Thereby 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): Date: