

District I
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 Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.

Santa Fe, NM 87505

JUL - 1 2008

OCD-ARTESIA

Form C-144 June 24, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office

For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

# <u>Pit, Closed-Loop System, Below-Grade Tank, or</u> <u>Proposed Alternative Method Permit or Closure Plan Application</u>

|                                                                                                                                                               | ystem, below-grade tank, or proposed alternative method<br>system, below-grade tank, or proposed alternative method                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                               | dividual pit, closed-loop system, below-grade tank or alternative request                                                                               |
| Please be advised that approval of this request does not relieve the operator of lia                                                                          |                                                                                                                                                         |
| Operator: Chesapeake Operating, IAc.                                                                                                                          | OGRID #: 「역기 1 기 역                                                                                                                                      |
| Address P.O. Box 18496 OKLAHOMA CIT                                                                                                                           | 4. 0K 73154 · 0496                                                                                                                                      |
| Facility or well name: Lotos 14 Federal # 1                                                                                                                   | 7                                                                                                                                                       |
| API Number: 30 - 015 - 36069-                                                                                                                                 | OCD Permit Number:                                                                                                                                      |
| U/L or Qtr/Qtr <u>E</u> Section <u>/4</u> Township <u>245</u>                                                                                                 | Range 3/E County: Eddy                                                                                                                                  |
| Center of Proposed Design: Latitude 32.218161                                                                                                                 | Longitude <u>- 103.753472</u> NAD: ■ 1927 □ 1983                                                                                                        |
| Surface Owner: 🖺 Federal 🗌 State 🔲 Private 🔲 Tribal Trust or Indian                                                                                           | Allotment                                                                                                                                               |
| Pit: Subsection F or G of 19.15.17.11 NMAC                                                                                                                    | Closed-loop System: Subsection H of 19.15.17.11 NMAC                                                                                                    |
| Temporary: Drilling Workover                                                                                                                                  | ☐ Drying Pad ☐ Tanks <b>■</b> Haul-off Bins ☐ Other                                                                                                     |
| ☐ Permanent ☐ Emergency ☐ Cavitation ☐ Steel Pit                                                                                                              | Lined Unlined                                                                                                                                           |
| Lined Unlined                                                                                                                                                 | Liner type: Thickness mil                                                                                                                               |
| Liner type: Thickness mil                                                                                                                                     | Other                                                                                                                                                   |
| Other String-Reinforced                                                                                                                                       | Seams: Welded Factory Other                                                                                                                             |
| Seams:  Welded Factory Other                                                                                                                                  | Volume:bblyd³                                                                                                                                           |
| Volume:         bbl         Dimensions:         L x W x D                                                                                                     | Dimensions: Lengthx Width                                                                                                                               |
| Below-grade tank: Subsection I of 19.15.17.11 NMAC                                                                                                            | Fencing: Subsection D of 19.15.17.11 NMAC                                                                                                               |
| Volume:bbl                                                                                                                                                    | Chain link, six feet in height, two strands of barbed wire at top                                                                                       |
| Type of fluid:                                                                                                                                                | Four foot height, four strands of barbed wire evenly spaced between one and                                                                             |
| Tank Construction material:                                                                                                                                   | four feet                                                                                                                                               |
| Secondary containment with leak detection                                                                                                                     | Netting: Subsection E of 19.15.17.11 NMAC                                                                                                               |
| Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off                                                                                         | Screen Netting Other                                                                                                                                    |
| Visible sidewalls and liner                                                                                                                                   | Monthly inspections                                                                                                                                     |
| Visible sidewalls only                                                                                                                                        | Signs: Subsection C of 19.15 17.11 NMAC                                                                                                                 |
| Other                                                                                                                                                         | 12'x24', 2' lettering, providing Operator's name, site location, and                                                                                    |
| Liner type: Thicknessmil                                                                                                                                      | emergency telephone numbers                                                                                                                             |
| Other                                                                                                                                                         | Signed in compliance with 19.15.3.103 NMAC                                                                                                              |
| Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration | Administrative Approvals and Exceptions:  Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance. |
| of approval                                                                                                                                                   | Please check a box if one or more of the following is requested, if not leave blank:                                                                    |

consideration of approval.

Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for

Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

| Siting Criteria (regarding permitting): 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or above-grade tanks associated with a closed-loop system.                                                                                                                                                   |                    |
| Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Yes ☐ No         |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Yes ☐ No         |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to temporary, emergency, or cavitation pits and below-grade tanks)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Yes ☐ No<br>☐ NA |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  (Applies to permanent pits)  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes ☐ No<br>☐ NA |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.  - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Yes ☐ No         |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Yes ☐ No         |
| Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No         |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No         |
| <ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Yes ☐ No         |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Yes ☐ No         |
| Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| attached.  Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17. Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC                                                                                                                                           | 9 NMAC             |
| Previously Approved Design (attach copy of design) API Number: or Permit Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| 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 deattached.  Geologic and Hydrogeologic Data (required for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of Siting Criteria Compliance Demonstrations (required for on-site closure) - based upon the appropriate requirements of 19.15.17.10  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19 15.17.13 NMAC | 19.15.17.9         |
| Previously Approved Design (attach copy of design) API Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |

| Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
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| Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cuments are        |
| ### Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC    Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC    Climatological Factors Assessment    Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC    Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC    Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC    Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19 15.17.11 NMAC    Quality Control/Quality Assurance Construction and Installation Plan    Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC    Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC    Nuisance or Hazardous Odors, including H₂S, Prevention Plan    Emergency Response Plan    Oil Field Waste Stream Characterization    Monitoring and Inspection Plan    Erosion Control Plan    Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC |                    |
| Proposed Closure: 19.15 17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
| Type: 🗌 Drilling 🗌 Workover 🗌 Emergency 🗎 Cavitation 🔲 Permanent Pit 🔲 Below-grade Tank 🔲 Closed-loop System 📙                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Alternative        |
| Proposed Closure Method:  Waste Excavation and Removal  Waste Removal (Closed-loop systems only)  On-site Closure Method (Only for temporary pits and closed-loop systems)  In-place Burial  Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nsideration)       |
| Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable source material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| Ground water is less than 50 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No<br>☐ NA |
| Ground water is between 50 and 100 feet below the bottom of the buried waste  - NM Office of the State Engineer - iWATERS database search; USGS, Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Yes ☐ No<br>☐ NA |
| Ground water is more than 100 feet below the bottom of the buried waste.  - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes ☐ No<br>☐ NA |
| Within 300 fcet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).  - Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes No             |
| Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.  - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No             |
| Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Yes ☐ No         |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; Written approval obtained from the municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No         |
| Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Yes ☐ No         |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Yes ☐ No         |
| Within an unstable area.  - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Yes ☐ No         |
| Within a 100-year floodplain FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Yes ☐ No         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.13 NMAC) Instructions: Each of the following items must be attached to the                                                                                                                                                                                                                                                                                                   |                  |
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| closure plan. Please indicate, by a check mark in the box, that the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Protocols and Procedures - based upon the appropriate requiren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Confirmation Sampling Plan (if applicable) - based upon the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Disposal Facility Name and Permit Number (for liquids, drilling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | appropriate requirements of Subsection H of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                   |                  |
| Re-vegetation Plan - based upon the appropriate requirements of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Site Reclamation Plan - based upon the appropriate requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ts of Subsection G of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                         |                  |
| Waste Removal Closure For Closed-loop Systems That Utilize Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the faci                                                                                                                                                                                                                                                                                                 | litv             |
| or facilities for the disposal of liquids, drilling fluids and drill cutting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Disposal Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | : Each of the following items must be attached to the closure plan. Please indicate                                                                                                                                                                                                                                                                                            |                  |
| by a check mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Euch of the following tiems must be uttached to the closure plan. I tease that t                                                                                                                                                                                                                                                                                               | me,              |
| Siting Criteria Compliance Demonstrations - based upon the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | propriate requirements of 19 15 17 10 NMAC                                                                                                                                                                                                                                                                                                                                     |                  |
| Proof of Surface Owner Notice - based upon the appropriate rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | propriate requirements of 19:15:17:10 Tables                                                                                                                                                                                                                                                                                                                                   |                  |
| Construction and Design of Burial Trench (if applicable) based                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Protocols and Procedures - based upon the appropriate requiren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Confirmation Sampling Plan (if applicable) - based upon the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Waste Material Sampling Plan - based upon the appropriate req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g fluids and drill cuttings or in case on-site closure standards cannot be achieved)                                                                                                                                                                                                                                                                                           |                  |
| Soil Cover Design - based upon the appropriate requirements of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Re-vegetation Plan - based upon the appropriate requirements of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Site Reclamation Plan - based upon the appropriate requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ts of Subsection G of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                         |                  |
| Operator Application Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                  |
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| I hereby certify that the information submitted with this application is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Name (Print) Barbara J. Bale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title: Sr. Regulatory Analyst                                                                                                                                                                                                                                                                                                                                                  |                  |
| 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                          |                  |
| Signature: Barbara J. Bale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date: 06/30/08                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Signature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                                                                                                                                                                                                                                                                                                           | -                |
| e-mail address: bbale Ochkenergy . Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone: (405) 848-8000 Ext. 9112                                                                                                                                                                                                                                                                                                                                            |                  |
| e-mail address: bbale (2) LNK Cheray ( Orx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone: I MUD / A TX-XAAA ZXA UT ZXA UT I Z                                                                                                                                                                                                                                                                                                                                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                | -                |
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| OCD Approval: Permit Application (including closure plan) OCD Representative Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Closure Plan (only)  Approval Date: 7/7/08                                                                                                                                                                                                                                                                                                                                     |                  |
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| OCD Approval: Permit Application (including closure plan) OCD Representative Signature Title:  Closure Report (required within 60 days of closure completion):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Closure Plan (only)  Approval Date: 7/2/08  Subsection K of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                   |                  |
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| OCD Approval: Permit Application (including closure plan)  OCD Representative Signature  Title:  Closure Report (required within 60 days of closure completion):  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the plan Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Certification:  I hereby certify that the information and attachments submitted with the belief I also certify that the closure complies with all applicable closure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Approval Date: 7/7/08  Subsection K of 19.15.17.13 NMAC  Closure Completion Date:  Alternative Closure Method  following items must be attached to the closure report. Please indicate, by a check  NAD: 1927 1983  This closure report is true, accurate and complete to the best of my knowledge and are requirements and conditions specified in the approved closure plan. |                  |
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| OCD Representative Signature  Title:  Closure Report (required within 60 days of closure completion):  Closure Method:  Waste Excavation and Removal On-Site Closure Method  If different from approved plan, please explain.  Closure Report Attachment Checklist: Instructions: Each of the inmark in the box, that the documents are attached.  Proof of Closure Notice  Proof of Deed Notice (if applicable)  Plot Plan  Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Site Reclamation (Photo Documentation)  On-site Closure Location:  I hereby certify that the information and attachments submitted with the belief I also certify that the closure complies with all applicable closure (Print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approval Date: 7/7/08  Subsection K of 19.15.17.13 NMAC  Closure Completion Date:  Alternative Closure Method  following items must be attached to the closure report. Please indicate, by a check of the closure report is true, accurate and complete to the best of my knowledge and are requirements and conditions specified in the approved closure plan.  Title:        |                  |



Regulatory Department

# Chesapeake Operating, Inc.'s Closed Loop System Lotos 14 Federal # 1 Unit E-Sec. 14, T-24S R-31E Eddy Co., NM API # 30-015-36069

# Equipment & Design:

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

- (2) Dual Motion "King Cobra" Shale Shakers
- (2) 250 bbl per/minute "Derrick DE" centrifuges
- (1) 500 bbl "frac" tank' for fresh water
- (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.

This is in keeping with the reporting requirements of NMOCD's rule 116.

### 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 the Lotos 14 Federal # 1 is: R9166