Pistrict II 811 S. First St., 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 gy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-144 CLEZ Revised August 1, 2011 For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.
Closed-Loop Sy	stem Permit or Closure Plan	Application
	ks or haul-off bins and propose to impler	
Туј	pe of action: 🗌 Permit 🛛 Closure	
Instructions: Please submit one application (Form C-144 C closed-loop system that only use above ground steel tanks or		
Please be advised that approval of this request does not relieve the		
environment. Nor does approval relieve the operator of its response	nsibility to comply with any other applicable g	overnmental authority's rules, regulations or ordinances.
1. Operator:CHI Operating Inc	OGRID #	004378
Address:P.O. Box 1799 Midland, TX 79702		
		1
Sacility or well name:Giblet #1         API Number:30-015-30513         OCD Permit Number:PI2]34423		
U/L or Qtr/Qtr Section I To	wyshin 19S Bange 29E	County: Eddy
Center of Proposed Design: Latitude		
Surface Owner: 🗋 Federal 🛛 State 🗌 Private 🗌 Tribal 1		
Closed-loop System: Subsection H of 19.15.17.11 N Operation: Drilling a new well Workover or Drilling Above Ground Steel Tanks or Haul-off Bins		oproval of a permit or notice of intent)
Signs: Subsection C of 19.15.17.11 NMAC		
<ul> <li>12"x 24", 2" lettering, providing Operator's name, site 1</li> <li>Signed in compliance with 19.15.16.8 NMAC</li> </ul>	ocation, and emergency telephone numbers	JAN <b>17</b> 2013
	1	NMOCD ARTESIA
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC     Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are     attached.     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 (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC     Previously Approved Design (attach copy of design) API Number:     Previously Approved Operating and Maintenance Plan API Number:		
5. Waste Removal Closure For Closed-loop Systems That I	      tilize Above Ground Steel Tanks or Haul	Loff Bins Only: (19151713 D NMAC)
Instructions: Please indentify the facility or facilities for the second		
facilities are required.		
Disposal Facility Name:	Disposal Facility Per	rmit Number:
Disposal Facility Name:	Disposal Facility Pel	rmit Number:
Yes (If yes, please provide the information below)		a will not be used for future service and operations:
Required for impacted areas which will not be used for future Soil Backfill and Cover Design Specifications bas Re-vegetation Plan - based upon the appropriate required Site Reclamation Plan - based upon the appropriate reference	ed upon the appropriate requirements of Sub irements of Subsection 1 of 19.15.17.13 NM	AC
6. Operator Application Certification:		
I hereby certify that the information submitted with this ap	 plication is true, accurate and complete to the	e best of my knowledge and belief.
Name (Print):		
Signature:	Date:	
e-mail address:	Telephone:	
Form C-144 CUEZ	Oit Conservation Division	Page 1 of 2

OCD'Approval: Permit Application (including closure p			
OCD Representative Signature:	Approval Date: 1/31/13		
Title: DIST & Sepension	OCD Permit Number: <u>23663</u>		
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.			
	Closure Completion Date:11/29/2012		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.			
Disposal Facility Name:CRI/360	Disposal Facility Permit Number:NM-01-0006		
Disposal Facility Name:			
Were the closed-loop system operations and associated activit Yes (If yes, please demonstrate compliance to the items	ies performed on or in areas that <i>will not</i> be used for future service and operations? below) X No		
Required for impacted areas which will not be used for future         Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Techniqu			
<ul> <li>Derator Closure Certification:</li> <li>I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.</li> </ul>			
Name (Print): Dianna Bell	Title:Compliance		
Signature: Dianna Bell	Date:12/05/2012		
e-mail address:diannab@chienergyinc.com	Telephone: _432-685-5001		

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