HOBBS OCD

JUN 1 0 2013 State of New Mexico Energy Minerals and Natural Resources IA JUN 0 5 2013

Form C-144 CLEZ 21-Jul-08

District II
1301 W. Grand Avenue, Artesla, NM 88210

District I

1625 N. French Dr., Hobbs, NM 88240 **HOBBS OCD**

1000 Rio Brazos Road, Aztec, NM 87410 JAN 1 5 2013

District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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

Closed-Loop S	vstem Permit or Closure Plan Applic	ation
	ks or haul-off bins and propose to implement	
Type of action		Closure
Instructions: Please submit one application (Form C-144 CLEZ) pe		
closed-loop system that only use above ground steel tanks or ha	il-off bins and propose to implement waste remov	al for closure, please submit a Form C-144.
Please be advised that approval of this request does not relieve the	· · · · · · · · · · · · · · · · · · ·	· -
environment. Nor does approval relieve the operator of its respons 1.	bility to comply with any other applicable governm	ent authority's rules, regulations or ordinances.
	 ion OGRID#	873
	rans Airpark Lane, Ste 3000, Midland	
Address: 303 Vete	Empire Abo Unit "G" #2	
API Number: 30-015-01662	OCD Permit Number:	213808
		
· · · · · · · · · · · · · · · · · · ·		28E County: Eddy NAD: ☐ 1927 ☐ 1983
Center of Proposed Design: Latitude Surface Owner: Federal 7 State	Longitude Private Tribal Trust or Indian A	
Surface Owner: Federal State	Private Tribal Trust or Indian A	mothent
Z. √ <u>Closed-loop System</u> : Subsection H of 19.15.17.11 NM		
	Applies to activities which require prior approval of	a permit or notice of intent)
Above Ground Steel Tanks or Haul-off	• ·	o permit of notice of intents
[3.	i	RECEIVED
Signs: Subsection C of 19.15.17.11 NMAC		
12" x 24", 2" lettering, providing Operator's name, site locatio	n, and emergency telephone numbers	JAN 17 2013
Signed in compliance with 19.15.3.103 NMAC	1	
[4.	hands 0 -610 15 17 0 NMAC	NMOCD ARTESIA
Closed-loop Systems Permit Application Attachment Checklist: St Instructions; Each of the following items must be attached to the		
attached.	!	
Oesign Plan - based upon the appropriate requirement	s of 19,15.17.11 NMAC	
Operating and Maintenance Plan - based upon the app	1.	
Closure Plan (Please complete Box 5) - based upon the		.17.9 NMAC and 19.15.17.13 NMAC
	Pl Number:	
Treviously Approved Operating and Maintenance Plan	Pl Number:	
5.		
Waste Removal Closure For Closed-loop Systems That Utilize Abo Instructions: Please Identify the facility or facilities for the disposa		· · · · · · · · · · · · · · · · · · ·
facilities are required.	l	addinately more than two
Disposal Facility Name: Sundance Service	es Disposal Facility Per	mit Number: NM-01-0003
Disposal Facility Name: Controlled Recover		
Will any of the proposed closed-loop system operations and associa		used for future service and operations?
Yes (If yes, please provide the information below)	✓ No	
Required for Impacted areas which will not be used for future service		
Soil Backfill and Cover Design Specifications based upon		9.15.17.13 NMAC
Re-vegetation Plan - based upon the appropriate requirem	1	
	illieurs of 2002ection Q of 13:12:17:13: MWVC	
6.	1	
Operator Application Certification:		
I hereby certify that the information submitted with this application		
Name (Print) Guinn Burks		Reclamation Foreman
Signature:	hr Date:	1/8/2013

guinn.burks@apachecorp.com

e-mail address:

Telephone

7 <i>.</i>	•				•	
OCD Approval:	Permit Application (Including closure pla	n)	Closure Plan (only)			
OCD Representative Signs	ature: <u>RDOO</u>	e e		Approval Date: 1/23/13	-	
Title: Dr	ST PSUPERVISO		oct	9 Permit Number: <u>2/3808</u>		
8.						
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report, The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.						
		1/2	Closure Completion	on Date: 5-16-13.		
				e Ground Steel Tanks or Haul-off Bins Only: were disposed . Use attachment if more than		
Disposal Facility Name:		<u> </u>	Disposal	facility Permit Number:		
Disposal Facility Name:	posal Facility Name: Disposal facility Permit Number:					
Were the closed-loop system	Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?					
Yes (If yes), please demonstrate compliance to the items below)						
Required for impacted areas	which will not be used for future service	and operations:		·		
I I Site Reclamati	on (Photo Documentation)			•		
Soil Backfilling	and Cover Installation]			•	
Re-vegetation	Application Rates and Seeding Techniqu	ie				
10.	······································		· · · · · · · · · · · · · · · · · · ·	•		
Operator Closure Certific		<u> </u>	•	·		
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge						
and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.						
Name (Print)	Guinn Burks		Title:	Reclamation Foreman		
Signature:	Swinn Bu	hs	Date:	6-04-13		
e-mail address:	guinn.burks@apacheco	rp.com	Telephone:	432-556-9143		

District I

1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD

State of New Mexico **Energy Minerals and Natural Resources** Department

Form C-144 CLEZ 21-Jul-08

District II
1301 W. Grand Avenue, Artesla, NM 88210

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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

District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Fra Santa Fe, NM 8	ancis Dr.	waste removal for c NMOCD District Office	OCD District Office.	
Closed-Loop System Permit or Closure Plan Application					
(that only use above ground steel tank				or closure)	
Type of action:	☑ Perr	/ /	Closure	/ 	
Instructions: Please submit one application (Form C-144 CLEZ) per	Individual closed-tooped	l system reque <u>st. For a</u>	n y application req ue	st other than for a	
closed-loop system that only use above ground steel tanks or haul Please be advised that approval of this request does not relieve the o	off bins and propose to	implement waste rema	oval for closure, plea Mutian of surface wa	se submit a Form C-144. tor, ground water or the	
environment. Nor does approval relieve the operator of its responsible					
1.				,	
Operator Apache Corporati	on	OGRID#	8	373	
Address: 303 Veter	ans Airpark Lane,	Ste 3000, Midlar	nd, TX 79705		
Facility or Well Name:	Empir	e Abo Unit "G" #			
API Number: 30-015-01662	OCD	Permit Number:	21380)8	
U/L or Qtr/Qtr L Section 32	Township 1	L7S Range	28E Co	unty: Eddy	
Center of Proposed Design: Latitude	Long	itude		NAD: 1927 1983	
Surface Owner: Federal State	Private 🔲	Tribal Trust or Indian	Allotment		
Ζ.			· • •		
Closed-loop System: Subsection H of 19.15.17.11 NMA				, my na .	
Operation: Drilling a new well Workover of Drilling (A		require prior approval o	of a permit or notice	of intent)	
3.	1112		م سو	TEWEN !	
Signs: Subsection C of 19.15.17.11 NMAC	· -		HE	CEIVED	
2" x 24", 2" lettering, providing Operator's name, site location	and emergency telepho	one numbers	101	N 17 2013	
Signed in compliance with 19.15.3.103 NMAC					
4.			NMO	D ARTESIA	
Closed-loop Systems Permit Application Attachment Checklist: Sul Instructions; Each of the following items must be attached to the a					
attached.	ppneakon r lease more. !	ic, by wence man in	THE BON, THEE THE GO	, ,	
Design Plan - based upon the appropriate requirements	of 19.15.17.11 NMAC	•			
Operating and Maintenance Plan - based upon the appr	1 -		45.47.0 NY 14.0 La	0.45.45.40.55.40	
Closure Plan (Please complete Box 5) - based upon the a	appropriate requirement i Number:	s of Subsection C of 19.	15.17.9 NMAC and 1	9.15.17.13 NMAC	
land.	Number:				
[5.	t				
Waste Removal Closure For Closed-loop Systems That Utilize Abov	် eground Steel Tanks or	Haul-off Bins Only: (19	9.15,17.13.D NMAC)		
Instructions: Please Identify the facility or facilities for the disposal	of liquids, drilling fluids	and drill cuttings. Use	attachment if more	than two	
facilities are required. Disposal Facility Name: Sundance Service		Disposal Facility P	armit Number	NM-01-0003	
Disposal Facility Name: Controlled Recovery		Disposal Facility P		NM-01-0006	
Will any of the proposed closed-loop system operations and associate	ed activities occur on or	in areas that will not be	e used for future sen	vice and operations?	
Yes (If yes, please provide the information below)	✓ No				
Required for Impacted areas which will not be used for future service	and operations:				
Soil Backfill and Cover Design Specifications based upon the)		19.15.17.13 NMAC		
Re-vegetation Plan - based upon the appropriate requireme Site Reclamation Plan - based upon the appropriate require	}				
	heurs of prosection @ 01	1 13.13.17.13. WIVIAC			
6. Operator Application Contifications	1				
Operator Application Certification:		to a south to a fi	an that the	·- £	
I hereby certify that the information submitted with this application	is true, accurate and cor				
Name (Print) Guinn Burks	<u> </u>	Title: Date:		cion Foreman 3/2013	
Signature:	7. (1 -				

Approval Date: 1/23/13 Title: DIST R Spewish OCD Permit Number: 2/3808 8. Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure proof 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: 5 - 16 - 13 9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tariks or Haul-off Bins Only: Instructions: Please identify the facility of facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: Disposal facility Permit Number: Disposal Facility Name: Disposal facility Permit Number: Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations: No Steep Report Regarding and Cover Installation Steep Report Regarding and Cover Installation Re-vegetation Application Rates and Seeding Technique	7.	·				•
Solution Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to the 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 complete. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please identify the facility of facilities for where the fleutds, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: Disposal Facility Name: Disposal Facility Name: Disposal facility Permit Number: Disposal facility Permit Number: Disposal facility Permit Number: Disposal facility Permit Number: Disposal facility Name: Disposal facility Permit Number: Disposal facilit	OCD Approval: XI I	Permit Application (including closure pla	n) 🗌	Closure Plan (only)		·
R. Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed. Closure Completion Date: Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: Disposal Facility Name: Disposal Facility Permit Number: Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Yes (if yes), please demonstrate compliance to the items below) No Required for impacted areas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Site Reclamation (Photo Documentation) Revegetation Application Rates and Seeding Technique 10. Operator Closure Certification: Thereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print) Guinn Burks Title: Reclamation Foreman Signature: Date: Date: Date: Cov 4 - 13	OCD Representative Signa	uture: <u>KWCO</u>	2		Approval Date: 1/23/13	· '
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Instructions: Operators are required to obtain an approved closure plan pilor to implementing any closure activities are decisived. Please do not complete this section of the form until an approved closure plan has been obtained and 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:	8.					
Science Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized. Disposal Facility Name: Disposal Facility Permit Number: Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Yes (if yes), please demonstrate compliance to the items below) Required for impacted areas which will not be used for future service and operations: 1 Stee Reclamation (Photo Documentation) 1 Soil Backfilling and Cover Installation 1 Re-vegetation Application Rates and Seeding Technique 10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print) Guinn Burks Title: Reclamation Foreman Signature: Date: 6 - 0 4 - 13	Closure Report (required within 60 days of closure completion): 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.					
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Disposal Facility Name: Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations? Yes (if yes), please demonstrate compliance to the items below) Required for impacted oreas which will not be used for future service and operations: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique 10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print) Guinn Burks Title: Reclamation Foreman Signature: Date: Dot 1 - 13	9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.					
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10. Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print) Guinn Burks Title: Reclamation Foreman Signature: Date: Date:	I Site Reclamati	on (Photo Documentation)			•	
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Name (Print) Signature: Date: Column Burks C				• •	·	
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	Name (Print)	Guinn Burks		Title:	Reclamation Forema	n
e-mail address: guinn.burks@apachecorp.com Telephone: 432-556-9143	Signature:	- Swinn Bu	hs	Date:	6-04-13	
	e-mail address:	guinn.burks@apacheco	rp.com	Telephone:	432-556-9143	