HOBBS OCD

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

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State of New Mexico

Energy Minerals and Natural Resources

Department

Oll Conservation Division 1220 South St. Francis Dr.

Form C-144 CLEZ 21-Jul-08

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 NMOGD District Office.

1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe	, NM 87505	(WOCS DISCISCIONICE.	CONTROL CARROLL CONTROL CONTRO
Closed	Loop System Perm	it or Closure Plan Ap	plication	
(that only use above ground	steel tanks or haul-off bi		ment waste removal for closu	re)
Type of	action:	Permit	Closure	
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-looped system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste-removal for closure, please submit a Form C-144. Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable government authority's rules, regulations or ordinances.				
1.			030	
Operator Apache Co		OGRIDA		
		Lane, Ste 3000, Mid		
Facility or Well Name:		Empire Abo Unit "I"		
API Number: 30-015-2154		OCD Permit Number: 185 Range	213774 28E County:	Eddy
U/L or Qtr/Qtr B Section	- 6 Township		Z8E County: NAD:	☐ 1927 ☐ 1983
Center of Proposed Design: Latitude Surface Owner: Federal State	Delivata	Longitude Tribal Trust or Ind		L 1927 L 1903
	Private	moai must of mo	ian Anounent	
	j i	es which require prior appro	val of a permit or notice of intent	P&A
3. Signs: Subsection C of 19.15.17.11 NMAC 12" x 24", 2" lettering, providing Operator's name, si Signed in compliance with 19.15.3.103 NMAC	te location, and emergency	telephone numbers		D ARTESIA
4.	1		THINGS	
Closed-loop Systems Permit Application Attachment Che				•
Instructions; Each of the following items must be attache attached.	ed to the application. Plea	se Indicate, by a check mark	k in the box, that the documents i	are
Oesign Plan - based upon the appropriate req	uirements of 19.15.17.11 i	M AC		
Operating and Maintenance Plan - based upo	n the appropriate requiren	nents of 19.15.17.12 NMAC		
Closure Plan (Please complete Box 5) - based		irements of Subsection C of	19.15.17.9 NMAC and 19.15.17.1	3 NMAC
Previously approved Design (attach copy of design) Previously Approved Operating and Maintenance P	į.			
S. Waste Removal Closure For Closed-loop Systems That Utilize Above ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please Identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if mare than two facilities are required.				
	e Services	<u> </u>	ty Permit Number:	NM-01-0003
	lecovery lnc.		ty Permit Number:	NM-01-0006
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations? 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 appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13. NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC				
6.	İ			
Operator Application Certification:				
I hereby certify that the information submitted with this a	pplication is true, accurate	and complete to the best of	•	
Name (Print) Guinn	Burks	Title:	Reclamation Fo	
Signature:		Date:	1/7/2013	
e-mail address: guinn.burks@a	pachecorp.com	Telephone	432-556-91	43
	····			

7.	j				 . v.		
OCD Approval: , IX	Permit Application (Including closure	eplan) (🔲	Closure Plan (only)			ľ	
OCD Representative Signa	ature: KWadl			Approval Date:	1/15/2013	,	
Title: DIST	Superison		OCD Pe	ermit Number:	213774	· 	
8.					<u>"</u>		
Closure Report (required	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: 5-13-13							
9.							
Closure Report Regarding	Waste Removal Closure For Clo	sed-loop Systems	That Utilize Above G	round Steel Tanks	or Haul-off Bins Only:		
Instructions: Please identify two facilities were utilized.	the facility or facilities for where th	e liquids, drilling flui 	ds and drill cuttings were	e disposed . Use atti	achment if more than		
Disposal Facility Name:							
Disposal Facility Name:	sposal Facility Name: Disposal facility Permit Number:						
Were the closed-loop system	operations and associated activities	performed on or in	 areas that <i>will not</i> be use	ed for future service	and operations?		
Yes (If yes), plo	Yes (If yes), please demonstrate compliance to the items below)						
Required for Impacted areas	which will not be used for future serv	\ ce and operations:					
Site Reclamati	on (Photo Documentation)]					
	Soil Backfilling and Cover Installation						
Re-vegetation	Application Rates and Seeding Tech	 nique					
10.							
Operator Closure Certific	ation:						
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 Burk	s	Title:	Recla	amation Foreman		
Signature:	Suin Ku	ahs	Date:	le - d	16-13		
e-mail address:	guinn.burks@apache	corp.com	Telephone:		432-556-9143		
				<u> </u>	······································	, , , , , , , , , , , , , , , , , , , 	

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State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division

JUN 2 8 2013

Form C-144 CLEZ

21-Jul-08

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 NMOGD-District Office.

1220 South St. Francis Dr. Santa Fe, NM 87505

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1220 S. St. Francis Dr., Santa Fe, NM 87505		n St. Francis or. e, NM 87505	NMOCD-District	Office.
	MALE AND REAL PROPERTY SHEET, AND RESIDENCE	nit or Closure Plan Appl	ication	
(that only use above ground stee		//		ral for closure)
Type of ac		¬ // 💥	Closure	
Instructions: Please submit one application (Form C-144 CLE	ļ.	ed-looped system request. For a	ny application re	equest other than for a
closed-loop system that only use above ground steel tanks of	or haul off bins and pr	opose to implement waste rem	oval for closure, p	please submit a Form C-144.
Please be advised that approval of this request does not relieve environment. Nor does approval relieve the operator of its res	ř			
1.				
Operator Apache Corp	oration	OGRID#		873
Address: 303 \	/eterans Airparl	k Lane, Ste 3000, Midla	nd, TX 7970	5
Facility or Well Name:		Empire Abo Unit "I" #2	31	
API Number: 30-015-21542		OCD Permit Number:	213	174
U/L or Qtr/Qtr B Section -	6 Township	185 Range	28E	County: Eddy
Center of Proposed Design: Latitude		Longitude		NAD: 1927 1983
Surface Owner: Federal 🗸 State	Private	. Tribal Trust or Indian	Allotment	
[2.	<u> </u>	•	· · · · · · · · · · · · · · · · · · ·	
Closed-loop System: Subsection H of 19.15.17.11		ing which approximately approximate	afa narmis ar na	tice of intent) P&A
	ning (Applies to activiti ul-off Bins	les which require prior approval	ога релиц от по Т	DE CIVE CO
]3.				TEL Was L
Signs: Subsection C of 19.15.17.11 NMAC				JAN 1 4 2013
12" x 24", 2" lettering, providing Operator's name, site k	cation, and emergend	cy telephone numbers		1
Signed in compliance with 19.15.3.103 NMAC	1			NMOCD ARTESIA
4. Closed-Joop Systems Permit Application Attachment Checkli	st: Subspetion R of 19	15 17 9 NMAC		•
Instructions; Each of the following items must be attached to			the box, that the	documents are
attached.	<u>.</u>		•	·
Design Plan - based upon the appropriate require Operating and Maintenance Plan - based upon the	l l			
Closure Plan (Please complete Box 5) - based upon	'' ì '		15.17.9 NMAC at	nd 19.15.17.13 NMAC
Previously approved Design (attach copy of design)	API Number:			
Previously Approved Operating and Maintenance Plan	API Number:			<u> </u>
5.			•	
Waste Removal Closure For Closed-loop Systems That Utilize	- 1			
Instructions: Please identify the facility or facilities for the difacilities are required.	sposal of liquias, arill	ing julias and arili cuttings. Use	attacoment g to	ore than two
Disposal Facility Name: Sundance S		Disposal Facility P	ermit Number:	NM-01-0003
Disposal Facility Name: Controlled Rec		Disposal Facility P		NM-01-0006
Will any of the proposed closed-loop system operations and a Yes (If yes, please provide the information below)	issociated activities oc No	cur on or in areas that will not b	e used for future	service and operations?
	7	•		
Required for Impacted areas which will not be used for future Soil Backfill and Cover Design Specifications based to			10 15 17 12 884	MC
Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13. NMAC				
Site Reclamation Plan - based upon the appropriate r	4			
6.				
Operator Application Certification:				
I hereby certify that the information submitted with this appli	cation is true, accurat	e and complete to the best of my	y knowledge and	belief.
Name (Print) Guinn B	urks	Title:	Reclan	nation Foreman
Signature:	Rules	Date:		1/7/2013
e-mail address: guinn.burks@apa	partie -	Telephone		2-556-9143

7. OCD Approval: 、バ	Permit Application (Including closur	Inch e	Closure Plan (only)	· h		
OCD Representative Signa	Paris	e plany	Closure Flam (omy)	Approval Date: 1/15/2013		
Oct representative signs				7, 7		
Title: UIST	Dupewisin !		OCD P	Permit Number: 2/3774		
8.						
	losure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13. NMAC					
				activities and submitting the closure report. e activities. Please do not complete this		
	pproved closure plan has been obto			ompleted.		
		1 V1	Closure Completion	Date: 6-(3-13		
9.						
				Ground Steel Tanks or Haul-off Bins Only:		
Instructions: Please identify two facilities were utilized.	the facility or facilities for where th	e liquids, drilling flui	ds and drill cuttings wer	ere disposed . Use attachment if more than		
Disposal Facility Name:		Disposal facility Permit Number:				
Disposal Facility Name:	al Facility Name: Disposal facility Permit Number:			acility Permit Number:		
Were the closed-loop system	operations and associated activities	performed on or in	 areas that <i>will not</i> be us	sed for future service and operations?		
Yes (If yes), ple	Yes (If yes), please demonstrate compliance to the Items below)					
Required for impocted areas	Required for impocted areas which will not be used for future service and operations:					
Site Reclamation	on (Photo Documentation)					
Soil Backfilling	Soil Backfilling and Cover Installation					
Re-vegetation Application Rates and Seeding Technique						
10.	10.					
Operator Closure Certific	ation;	i				
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 Burk	s	Title:	Reclamation Foreman		
Signature:	Suin B	ahs.	Date:	6-26-13		
e-mail address:	guinn.burks@apach	ecorp.com	Telephone:	432-556-9143		
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