

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 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

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.

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

JUL -8 2008

Permit of a pit, closed-loop system, below-grade tank, or proposed alternative method CD-ARTES Closure of a pit, closed-loop system, below-grade tank, or proposed alternative method

Instructions: Please submit one application (Form C-144) per individual pit, closed-loop system, below-grade tank or alternative request

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 governmental authority's rules, regulations or ordinances Operator: Chesapeale Operating, Inc. OGRID#: 147179 Address: P.O. Box 18496 OKLAHOMA CITY, OK 73154-0496 Facility or well name: Green wood Pre-Graybung 24 # 1 API Number: 30-015-35-17-6 OCD Permit Number: Section 27 Township 18.5 Range 3/E County: Edds U/L or Qtr/Qtr **G** Center of Proposed Design: Latitude 32.720189 Longitude 103.854654 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 ☐ Drying Pad ☐ Tanks 🗃 Haul-off Bins ☐ Other Temporary: Drilling Workover ☐ Permanent ☐ Emergency ☐ Cavitation ☐ Steel Pit Lined Unlined Liner type: Thickness \_\_\_\_ mil LLDPE HDPE PVC Lined Unlined \_\_\_\_ Other \_\_\_\_\_ \_\_\_\_\_ String-Reinforced Seams: Welded Factory Other \_\_\_\_\_\_bbl \_\_\_\_\_yd³ Volume: \_\_\_ bbl Dimensions: L x W x D Dimensions: Length x 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 Four foot height, four strands of barbed wire evenly spaced between one and Type of fluid: 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: Thickness \_\_\_\_\_ mil HDPE PVC emergency telephone numbers ☐ Other Signed in compliance with 19.15.3.103 NMAC Alternative Method: Administrative Approvals and Exceptions: Submittal of an exception request is required Exceptions must be Justifications and/or demonstrations of equivalency are required. Please refer to submitted to the Santa Fe Environmental Bureau office for consideration 19.15.17 NMAC for guidance. of approval. Please check a box if one or more of the following is requested, if not leave Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau office for

consideration of approval.

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 ☐ 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
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 19.15.17.97  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 19.15.17.9 NMAC  Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC  Design Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.19 NMAC and 19.15.17.13 NMAC  Previously Approved Design (attach copy of design)  API Number:  or Permit Number:	ocuments are
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 do attached.  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  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 - 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 Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Climatological Factors Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC	cuments are
<ul> <li>Nuisance or Hazardous Odors, including H₂S, Prevention Plan</li> <li>Emergency Response Plan</li> <li>Oil Field Waste Stream Characterization</li> <li>Monitoring and Inspection Plan</li> <li>Erosion Control Plan</li> <li>Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC</li> </ul>	
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 con	sideration)
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 ☐ 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 ☐ 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 ☐ NA
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.  - 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.	☐ Yes ☐ No

Waste Excavation and Removal Closure Plan Checklist: (19.15 17.13 NMAC) Instructions: 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.
Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15 17.13 NMAC
Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)
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
Waste Removal Closure For Closed-loop Systems That Utilize Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility
or facilities for the disposal of liquids, drilling fluids and drill cuttings.  NM-01-0006
Disposal Facility Name: Contto led Recovery Inc. Disposal Facility Permit Number: R-9186
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: 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.
Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Construction and Design of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC
Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC
Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC
Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved)
☐ Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
Re-vegetation Plan - based upon the appropriate requirements of Subsection 1 of 19.15.17.13 NMAC
Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC
Site Rectaliation Fran - based upon the appropriate requirements of Subsection Conf. 17.15.17.13 INVIAC
Operator Application Certification:
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print) Linda Weeks Title: Kegulatory Chalust
Name (Print) Linda Weeks  Title: Regulatory analyst  Date: 7/7/2008
Signature: Junda Weeks Date: 7/7/2008
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e-mail address: Inda . Wecks @ Chk. Com Telephone: 405 879-6854
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OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/20
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OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 1/5/20  Title: OCD Permit Number: 0200106
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/20
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/20  Title: OCD Permit Number: 02.00306  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 7/5/06  Title: OCD Permit Number: 02.02406  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 10/9/08
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/20  Title: OCD Permit Number: 02.00306  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 7/5/06  Title: OCD Permit Number: 020206  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/00  Title: OCD Permit Number: O2O006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:  Waste Excavation and Removal On-Site Closure Method Alternative Closure Method
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 7/5/06  Title: OCD Permit Number: 020206  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method:
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 7/5/00  Title: OCD Permit Number: 02.0006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method  If different from approved plan, please explain. Washerenoval Closed 100p 5 15+6m
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/DB  Title: OCD Fermit Number: 0200106  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain. Washerenoval Closed loop System  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check
OCD Approval: Description (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/06  Title: OCDPermit Number: O20006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain. Wasterenoval Closed loopsystem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Description (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/06  Title: OCDPermit Number: O20006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain. Wasterenoval Closed loopsystem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Description (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/06  Title: OCDPermit Number: O20006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain. Wasterenoval Closed loopsystem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Description (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/06  Title: OCDPermit Number: O20006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain. Wasterenoval Closed loopsystem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Description (including closure plan) Closure Plan (only)  OCD Representative Signature  Approval Date: 7/5/06  Title: OCDPermit Number: O20006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method  If different from approved plan, please explain. Wasterenoval Closed loopsystem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.
OCD Approval: Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 7/5/08  Title: OCD Fermit Number: 020006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain. Wasterenoval Closure Method  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. The proof of Closure Notice Proof of Closure Notice Confirmation Sampling Analytical Results  Waste Material Sampling Analytical Results  Waste Material Sampling Analytical Results
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/08  Title: OCD Permit Number: O2OCOOCO  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain. Washerenoval Closed loops Stem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.  Proof of Closure Notice + Hawled to: Confronted Recovery Inc. Permit + Mm-01-0004  Waste Material Sampling Analytical Results Obsposal Facility Name and Permit Number
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature  Title: Approval Date: 7/15/08  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Method: Alternative Closure Method If different from approved plan, please explain. Waske removal Closed loop system  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. The Proof of Closure Notice Proof of Closure Notice According Analytical Results  Plot Plan Confirmation Sampling Analytical Results  Disposal Facility Name and Permit Number  Soil Backfilling and Cover Installation
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature Approval Date: 1/5/08  Title: OCD Permit Number: O2OCOOCO  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10   9   08  Closure Excavation and Removal On-Site Closure Method Alternative Closure Method  If different from approved plan, please explain. Washerenoval Closed loops Stem  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.  Proof of Closure Notice + Hawled to: Confronted Recovery Inc. Permit + Mm-01-0004  Waste Material Sampling Analytical Results Obsposal Facility Name and Permit Number
OCD Approval: Permit Application (including closure plant) Closure Plan (only)  OCD Representative Signature
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OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 1/5/20  Title: OCDFermit Number: 020006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10/9/08  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain. Wastermoval Closure Method  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Closure Notice House The Controlled Recovery Inc. Permit # Houled to: Confirmation Sampling Analytical Results  Disposal Facility Name and Permit Number Side Recovery Inc. Permit # NM-01-0004  Maste Material Sampling and Over Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longitude NAD: 1927 1983  Operator Closure Certification:
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature  Title: OCDFermit Number: OCDGE  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Completion Date: 10   9   08  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain. Wask-removal Closed loop 5 15 tem.  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Closure Notice Proof of Closure Notice Head to: Controlled Recovery Inc. Proof of Closure Sampling Analytical Results Waste Material Sampling Analytical Results Waste Material Sampling Analytical Results Disposal Facility Name 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 this closure report is true, accurate and complete to the best of my knowledge and
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Approval Date: 1/5/20  Title: OCDFermit Number: 020006  Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Closure Method: Closure Completion Date: 10/9/08  Closure Method: Alternative Closure Method Alternative Closure Method If different from approved plan, please explain. Wastermoval Closure Method  Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached. Proof of Closure Notice House The Controlled Recovery Inc. Permit # Houled to: Confirmation Sampling Analytical Results  Disposal Facility Name and Permit Number Side Recovery Inc. Permit # NM-01-0004  Maste Material Sampling and Over Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude Longitude NAD: 1927 1983  Operator Closure Certification:
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OCD Approval: Permit Application (including glosure plan) Closure Plan (only)  OCD Representative Signature  Title:
OCD Approval: Permit Application (including closure plant   Closure Plan (only)  OCD Representative Signature    Approval Date: 1/5/08
OCD Approval: Permit Application (including glosure plan) Closure Plan (only)  OCD Representative Signature  Title:
OCD Approval: Permit Application (including closure plant   Closure Plan (only)  OCD Representative Signature    Approval Date: 1/5/08

# Chesapeake Operating, Inc.'s Closed Loop System Greenwood Pre-Grayburg 24 # 1 Unit F-Sec. 27, T-18S R-31E Eddy Co., NM API # 30-015-35176

## Equipment & Design:

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

- (2) Swaco DT dual motion shale shakers
- (1) Derrick D1000 centrifuge
- (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 Greenwood Pre-Grayburg 24 # 1 is: R9166