<u>District I</u> 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

Form C-144 CLEZ July 21, 2008

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 System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action:  $\overline{X}$  Permit  $\overline{\Box}$  Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop 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

Closed-loop System: Subsection H of 19.15.17.11 NMAC	environment. Nor does approval relieve the operator of its responsibility to comply with a	ny other applicable governmen	tal authority's rules, regulations or c	ordinances.		
Address: P.O. Box 18496 Oklahoma City, OK. 73154 Facility or well name. Brushy 12 Federal # 4  API Number: 30-015-25604  OCD Permit Number: 21/12 Z  U.L. or OpriOpt J. Section 12. Township 26 South Range 29. East County: Eddy Center of Proposed Design. Laritude 32.055680 Longitude103.94378 NAD: [2]1927   1983  Surface Owner. [2] Federal   State   Private   Tribal Trust or Indian Allotment 1.  [3] Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation:   Defilling a new well   Workover or Drifling (Applies to activities which require prior approval of a permit or notice of intent) [2] P&A  [3] Above Ground Steel Tanks or   Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC  [12** 24**, 2** Isterting, providing Operator's name, site location, and emergency telephone numbers  [2] Signed in compliance with 19.15.3.103 NMAC  [2] Lossed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  [3] Signed in compliance with 19.15.3.103 NMAC  [4] Clossed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  [5] Operating and Maintenance Blan - based upon the appropriate requirements of 19.15.17.11 NMAC  [6] Operating and Maintenance Blan - based upon the appropriate requirements of 19.15.17.12 NMAC  [7] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC  [8] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.13 NMAC and 19.15.17.13 NMAC  [9] Previously Approved Design (attach copy of design) API Number:  [9] Previously Approved Design (attach copy of design) API Number:  [9] Previously Approved Operating and Maintenance Plan - API Number:  [9] Previously Approved Operating and Maintenance Plan - API Number:  [9] Previously Approved Operating and Maintenance Plan - API Number:  [9] Previously Approved Operating and Maintenance Plan - API Number:  [9] Previously Approved Operating and Previously Reprosed Section of Section Plan - Section Plan - Section Plan - Section Plan	Operator: Chesaneake Operating Inc	OGRID #· 147179				
Facility or well name: Brushy 12 Federal # 4  API Number: 30-015-25604  OCD Permit Number: 2  11 2 2  U/l. or Qur/Qrt L. Section 12						
API Number: 30-015-25604  OCD Permit Number: 2/1/2  U.I. or QurQir L. Section 12 Township 26 South Range 29 Bast. County: Eddy  Center of Proposed Design: Latitude 32.055680 Longitude 103.94378 NAD: \[ \] 1927 \[ \] 1983  Surface Owner: \[ \] Federal \[ \] Sute \[ \] Private \[ \] Tribal Trust or Indian Allotment  2. \[ \] Closed-loop System; Subsection H of 19.15.17.11 NMAC  Operation: \[ \] Drilling a new well \[ \] Workover or prilling (Applies to activities which require prior approval of a permit or notice of intent) \[ \] P&A  Above Ground Steel Tanks or \[ \] Haul-off Bins  Signs: Subsection C of 19.15.17.11 NMAC  \[ \] 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  \[ \] Signs: Subsection C of 19.15.17.11 NMAC  \[ \] 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  \[ \] Signs: Subsection C of 19.15.17.11 NMAC  \[ \] 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  \[ \] Signs: Subsection C of 19.15.17.11 NMAC  \[ \] 10sed-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 intended to intended to intended to the application. Please indicate, by a check mark intended to the appropriate requirements of 19.15.17.12 NMAC  \[ \] Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  \[ \] Operating and Maintenance Plan - based upon the appropriate requirements of 5 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 - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC  \[ \] Previously Approved Operating and Maintenance Plan - API Number:  \[ \] National Removal Closure For Closed-loop Systems That Utilize Above Ground			41-11.11.11.11.11.11.11.11.11.11.11.11.11	***************************************		
U/L or Qir/Qir J. Section 12 Township 26 South Range 29 East County: Eddy  Center of Proposed Design: Latitude 23,055580 Longitude103,94378 NAD: \[ \begin{align*} \text{Displayed} \] \[ \text{Displayed} \] \[ \text{Surface Owner: } \begin{align*} \text{Federal } \begin{align*} \text{State: } \Box \text{Private } \begin{align*} \text{Tribal Trust or Indian Allotment} \\ \text{2.} \]  Surface Owner: \[ \begin{align*} \text{Federal } \begin{align*} \text{State: } \Box \text{County System: } \Box \text{Subsection H of 19,15,17,11 NMAC} \\ \text{Operation: } \begin{align*} \text{Dilling a new well } \begin{align*} \Worksteen or \text{Dilling a new well } \begin{align*} \Worksteen or \text{Dilling a new well } \Box \text{Dilling a new well } \begin{align*} \Worksteen or \text{Dilling a new well } \begin{align*} \Worksteen or \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new well } \\ \begin{align*} \Worksteen \Box \text{Dilling a new mell } \\ \begin{align*} \Worksteen \Box \text{Dilling a new nell } \\ \begin{align*} \Worksteen \Box \text{Dilling a new nell } \\ \begin{align*} \Workste						
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Above Ground Steel Tanks or	☐ Closed-loop System: Subsection H of 19.15.17.11 NMAC					
Signs: Subsection C of 19.15.17.11 NMAC		hich require prior approval o	f a permit or notice of intent)	P&A		
Signs: Subsection C of 19.15.17.11 NMAC   TRECEIVED   TRECEIVED   TRECEIVED   The structure of 19.15.17.13 NMAC   Truck 247.2" lettering, providing Operator's name, site location, and emergency telephone numbers   Truck 247.2" lettering, providing Operator's name, site location, and emergency telephone numbers   Truck 247.2011   Truck 247.2" lettering, providing Operator's name, site location, and emergency telephone numbers   Truck 247.2011						
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers   Signed in compliance with 19.15.3.103 NMAC				<u>.</u>		
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 Instructions: Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Design 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) Previously Approved Operating and Maintenance Plan API Number: Previously Approved Operating and Maintenance Plan API Number:  See 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 indentify 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: Controlled Recovery, Inc. Disposal Facility Name: Sundance Disposal Disposal Facility Name: Sundance Disposal Disposal Facility Permit Number: NM-01-0003 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: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC 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 G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): Bryan Arrant  Date: 01/21/2011	<del></del>	telephone numbers	RECEIVED			
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Previously Approved Design (attach copy of design)						
Previously Approved Operating and Maintenance Plan   API Number:						
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Name (Print): Bryan Arrant  Title: Sr. Regulatory Compl. Sp.  Signature: Date: 01/21/2011						
Signature:						
e-mail address: bryan.arrant@chk.com Telephone: (405)935-3782						

OCD Approval: Permit Application (including closure plan)  Closure P	lan (only)		
OCD Representative Signature:	Approval Date: OI 24/3011		
Title: Dist H. Sypewiso	OCD Permit Number: 211122		
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:			
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: 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:	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 <i>will not</i> 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 operation     Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique	ions:		
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):	Title:		
Signature:	Date:		
a mail addrace	Talanhana		

# Chesapeake Operating, Inc.'s Closed Loop System Brushy 12 Federal # 4 Unit L, Sec. 12, T-26-S R-29-E Eddy Co., NM

API #: 30-015-25604

## Equipment & Design:

Chesapeake Operating, Inc. is to use a closed loop system in our request to plug and abandon this well.

(1) 500 bbl frac tank will be on location.

### Operations & Maintenance:

During each and every tour, the rig's crew will inspect and monitor closely the fluids contained within the frac tank 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.

### Closure:

After operations are completed, fluids will be hauled and disposed to Controlled Recovery, Inc.'s location.

The permit number for Controlled Recovery, Inc. is: NM-01-0006. The alternative disposal facility will be Sundance Disposal. Their permit # is: NM-01-0003.