<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. Fust St., Attesta, NM 88210 District III
1000 Rio Biazos Road, Aztec, NM 87410 District IV 1220 Ş. St. Francis Di., 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 Revised August 1, 2011

For closed-loop systems that only use above ground steel tanks or haul-off hins 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 hand-off bins and propose to implement waste removal for closure)

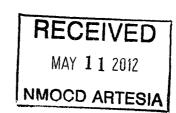
Type of action: X Permit Closure

provide allieurs the oppositor of its responsibility to comply with any other applicable governmental authority's rules regulations or ordinances

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 hability should operations result in pollution of surface water, ground water or the

i.	, , , , , , , , , , , , , , , , , , ,
Operator: Chesapeake Operating, Inc	OGRID #: 147715
Address: P.O. Box 18496 Oklahoma City, OK 73154	
Facility or well name: PLU BIG SINKS 19 24 31 USA IJ	
	Permit Number. 212817
U/L or Qtr/Qtr C Section 19 Township 24S	
	rtude -103.81928 NAD: ☐1927 🔀 1983
Surface Owner Federal State Private Tribal Trust or Indian Allotin	
X Closed-loop System: Subsection H of 19.15.17.11 NMAC	
Operation. X Dulling a new well Workover or Drilling (Applies to activities	which require prior approval of a permit or notice of intent) \(\subseteq \text{P&A} \)
Above Ground Steel Tanks or X Haul-off Bins	
3	
Signs: Subsection C of 19.15.17.11 NMAC	RECEIVED
12"x 24", 2" lettering, providing Operator's name, site location, and emergen-	cy telephone numbers APR 12 2012
X Signed in compliance with 19 15.16 8 NMAC	APR 12 ZUIZ
1	NMOCD ARTESIA
Closed-loop Systems Permit Application Attachment Checklist: Subsection	B 01 19 13 17 9 NMAC
Instructions: Each of the following items must be attached to the application. attached.	ricase inaicate, by a check mark in the box, that the aocuments are
X) Design Plan - based upon the appropriate requirements of 19.15.17 11 NM	A.C.
Design Fran - based upon the appropriate requirements of 19,13,17 11 MM Design Fran - based upon the appropriate requirement	
Closure Plan (Please complete Box 5) - based upon the appropriate require	
Previously Approved Design (attach copy of design) API Number.	
Previously Approved Operating and Maintenance Plan API Number	
5 Water Barrand Class For Classic Control of the Co	18. 1T. 1 H. 1 (4.2) O. 1 (4.0) (3.12.12.23.14.4.0)
Waste Removal Closure For Closed-loop Systems That Utilize Above Groun Instructions: Please indentify the facility or facilities for the disposal of liquidy	
facilities are required.	garining films and arm citings. Oscialaciancia y more man in o
Disposal Facility Name: Controlled Recovery, Inc.	Disposal Facility Permit Number: NM-01-0006
Disposal Facility Name: Sundance Disposal	Disposal Facility Permit Number, NM-01-0003
Will any of the proposed closed-loop system operations and associated activities ☐ Yes (If yes, please provide the information below) ☒ No	occur on or in areas that will not be used for future service and operations
Required for impacted areas which will not be used for future service and operation	
Soil Backfill and Cover Design Specifications based upon the appropria	
Re-vegetation Plan - based upon the appropriate requirements of Subsection Site Reclamation Plan - based upon the appropriate requirements of Subsection	
6	AIGH C DI 17 13 T7 13 KM/AC
Operator Application Certification:	
I hereby certify that the information submitted with this application is true, accur	ate and complete to the best of my knowledge and belief.
Name (Print) Bryan Arrant	Title: Regulatory Specialist II
Signature: Repu Merrell	Date 02/22/2012
e-mail address: bryan,arrant@chk com	Telephone (405)935-3782
Form C-144 CELIZ Oil Conservation	Olympia Page Lul's

Oil Conservation Division



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OCD Approval: Permit Application (including closure plan) Closure Plan (only) OCD Representative Signature: Approval Date: 04/16/2012	
Title: D14 H Sypewis U OCD Permit Number. 212817	
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: 5/09/2017—	
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 will not be used for future service and operations? Yes (If yes, please demonstrate compliance to the items below) \(\sumsymbol{\substack}\) No	
Required for impacted areas 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	
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): Bryan Arrahi Title: Regularces Specialisi II Signature: Bun Ains Date. 5/16/2012	
Signature: Bup Arus Date. S/10/2012	
e-mail address bryan. arrart [Felephone. 405.935.3782	

The bit became stuck while drilling 30" hole at 118' in preparation for setting 20" conductor pipe at 120'. The hole was drilled without contacting ground water. The hole was filled with 30 cubic yards (810 cu ft) of ready mix cement. Cellar was then filled with dirt. **There were no fluids or solids hauled.**

Form C-144 CUEZ

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