

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  
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  
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 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: ☒ 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.	
Operator	Apache Corporation
OGRID#	873
Address:	303 Veterans Airpark Lane, Ste 3000, Midland, TX 79705
Facility or Well Name:	Empire Abo Unit "F" #381
API Number:	30-015-22138
OCD Permit Number:	213357
U/L or Qtr/Qtr	F Section 35 Township 17S Range 28E County: Eddy
Center of Proposed Design:	Latitude Longitude NAD: <input type="checkbox"/> 1927 <input type="checkbox"/> 1983
Surface Owner:	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment

2.	
<input checked="" type="checkbox"/> Closed-loop System: Subsection H of 19.15.17.11 NMAC	
Operation:	<input type="checkbox"/> Drilling a new well <input type="checkbox"/> Workover of Drilling (Applies to activities which require prior approval of a permit or notice of intent) <input checked="" type="checkbox"/> P&A
<input type="checkbox"/> Above Ground Steel Tanks or <input type="checkbox"/> Haul-off Bins	

3.	
Signs: Subsection C of 19.15.17.11 NMAC	
<input checked="" type="checkbox"/> 12" x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers	
<input checked="" type="checkbox"/> Signed in compliance with 19.15.3.103 NMAC	

RECEIVED  
AUG 27 2012

4.	
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 documents are attached.	
<input checked="" type="checkbox"/>	Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
<input checked="" type="checkbox"/>	Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	Previously approved Design (attach copy of design) API Number: _____
<input type="checkbox"/>	Previously Approved Operating and Maintenance Plan API Number: _____

NMOCD ARTESIA

5.	
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 more than two facilities are required.	
Disposal Facility Name:	Sundance Services
Disposal Facility Permit Number:	NM-01-0003
Disposal Facility Name:	Controlled Recovery Inc.
Disposal Facility 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?	
<input type="checkbox"/> Yes (If yes, please provide the information below) <input checked="" type="checkbox"/> No	
Required for impacted areas which will not be used for future service and operations:	
<input checked="" type="checkbox"/> Soil Backfill and Cover Design Specifications -- based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC	
<input checked="" type="checkbox"/> Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13. NMAC	
<input checked="" type="checkbox"/> Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13. NMAC	

6.	
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)	Guinn Burks
Title:	Reclamation Foreman
Signature:	<i>Guinn Burks</i>
Date:	8/23/2012
e-mail address:	guinn.burks@apachecorp.com
Telephone	432-556-9143

7.

**OCD Approval:** ☒ Permit Application (including closure plan) ☐ Closure Plan (only)

**OCD Representative Signature:** ALDede **Approval Date:** 8/25/12

**Title:** Asst. Dir. Su **OCD Permit Number:** 213357

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.

**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 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:** \_\_\_\_\_

**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)

☐ 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.

<b>Name (Print)</b>	<u>Guinn Burks</u>	<b>Title:</b>	<u>Reclamation Foreman</u>
<b>Signature:</b>	_____	<b>Date:</b>	_____
<b>e-mail address:</b>	<u>guinn.burks@apachecorp.com</u>	<b>Telephone:</b>	<u>432-556-9143</u>

State of New Mexico  
Energy, Minerals and Natural Resources

**OIL CONSERVATION DIVISION**

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

istrict I  
325 N. French Dr., Hobbs, NM 88240  
istrict II  
11 A. First St., Artesia, NM 88210  
istrict III  
300 Rio Brazos Rd. Aztec, NM 87410  
istrict IV  
220 S. St. Francis Dr., Santa Fe, NM 87505

WELL API NO. <b>30-015-22138</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease NO. <b>647-320, 647-363, 647-368</b>
7. Lease Name or Unit Agreement Name <b>Empire Abo Unit "F"</b>
8. Well Number <b>381</b>
9. OGRID Numer <b>873</b>
10. Pool Name <b>Empire Abo</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3679'GR</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator

**Apache Corporation**

Address of Operator

**303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705**

Well Location

Unit Letter **F** Section **35** Township **1900** feet from the **N** line and **2260** feet from the **W** line  
Range **17S** County **Eddy** Range **28E** NMPM

12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
WELL OR ALTER CASING ☐ MULTIPLE COMPLETIONS ☐  
WELLBORE COMMINGLED ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐  
COMMENCE DRILLING OPERATIONS ☐  
CASING/CEMENT JOB ☐  
ALTERING CASING ☐  
PLUG AND ABANDON ☐  
OTHER: ☐

3. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram or proposed completion or recompletion.

**Apache Corporation proposes to P&A the above mentioned well by the attached procedure.**

Produced Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Guinn Burks TITLE Reclamation Foreman DATE 8/23/12

Type or print name Guinn Burks E-mail add. guinn.burks@apachecorp.com PHONE: 432-556-9143

For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_



WELL BORE INFO.

LEASE NAME

Empire Abo Unit "F"

WELL #

381

API #

30-015-22138

COUNTY

Eddy

0

Csg leak @ 107'-129'  
Sqzd w/ 100 sx cmt

638

11" Hole  
8 5/8" 24# @ 750'  
w/295 sx cmt to surf

1276

1914

2552

3190

3828

DV Tool @ 4194'

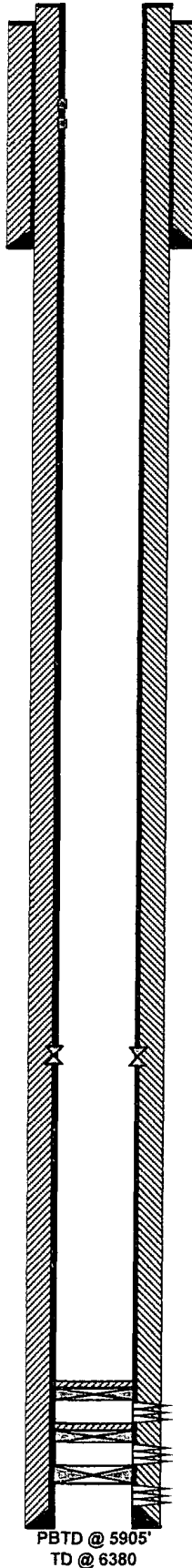
4466

5104

5742

CIBP @ 5925' w/ 35' cmt (8-1-12)  
CIBP @ 6020' w/ 35' cmt (8/1/12)  
CIBP @ 6150' w/no cmt  
7 7/8" Hole  
5 1/2" 15.5# @ 6380'  
w/ 2443 sx cmt to surf

6380



Upper Abo perms @ 5974'-6014'  
Upper Abo perms @ 6042'-6128'  
Abo perms @ 6215'-6234'

PBTD @ 5905'  
TD @ 6380



# WELL BORE INFO.

LEASE NAME

Empire Abo Unit "F"

WELL #

381

API #

30-015-22138

COUNTY

Eddy

## PROPOSED PROCEDURE

0  
Csg leak @ 107'-129'  
Sqzd w/ 100 sx cmt

638  
11" Hole  
8 5/8" 24# @ 750'  
w/295 sx cmt to surf

1276

1914

2552

3190

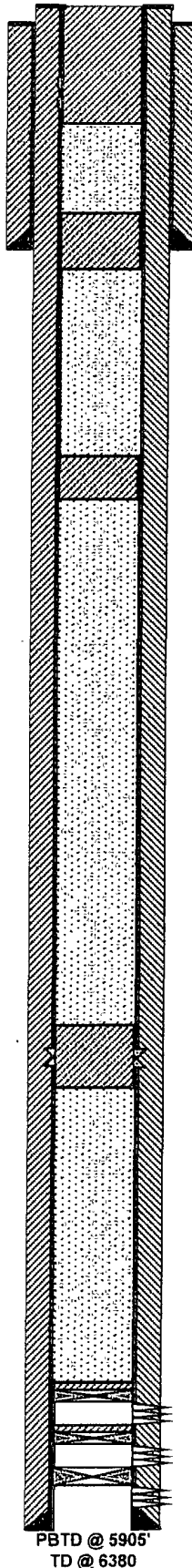
3828

4466  
DV Tool @ 4194'

5104

5742  
CIBP @ 5925' w/ 35' cmt (8-1-12)  
CIBP @ 6020' w/ 35' cmt (8/1/12)  
CIBP @ 6150' w/no cmt  
7 7/8" Hole  
5 1/2" 15.5# @ 6380'  
w/ 2443 sx cmt to surf

6380



5. PUH & spot 25 sx Class "C" cmt from 250' to surf (Water Board & casing leak)

4. PUH & spot 25 sx Class "C" cmt from 950'-700' WOC/TAG (Queen & Shoe)

3. PUH & spot 25 sx Class "C" cmt from 1680'-1430' WOC/TAG (San Andres)

2. PUH & spot 25 sx Class "C" cmt from 4244' - 3994' WOC/TAG (DV Tool)

1. MIRU, RIH w/lbg & verify CIBP @ 5925', CIRC w/ MLF.

Upper Abo perms @ 5974'-6014'

Upper Abo perms @ 6042'-6128'

Abo perms @ 6215'-6234'

PBTD @ 5905'  
TD @ 6380