District I 1625 N. French Dr., Hobbs, NM 88240	State of Nev Energy Minerals and		Form C-144 ( Revised August
District II 811 S. First St., Artesia, NM 88210 District III	Depart Oil Conservat		For closed-loop systems that only use about product the second steel tanks or haul-off bins and pro-
1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87303	1220 South St Santa Fe, N	Francis Dr.	For closed-loop systems that only use abor ground steel tanks or haul-off bins and pro to implement waste removal for closure, su to the appropriate NMOCD District Office.
Closed-J	Loop System Permit	or Closure Plan	Application
		and propose to implei	ment waste removal for closure)
Instructions: Please submit one application (Fi closed-loop system that only use above ground s Please be advised that approval of this request does	teel tanks or haul-off bins and p	opose to implement waste	e removal for closure, please submit a Form C-1
environment. Nor does approval relieve the operate			
Operator:CHI Operating Inc		OGRID #:	004378
Address:P.O. Box 1799 Midland, TX	79702		·
Facility or well name: Giblet #1			
API Number:30-015-30513	0CD	Permit Number:	213663
U/L or Qtr/Qtr Section			
Center of Proposed Design: Latitude	Loi	ngitude	NAD: []1927 [] 19
Surface Owner: 🔲 Federal 🔀 State 🗌 Private	: 🗌 Tribal Trust or Indian Allot	ment	
Signs: Subsection C of 19.15.17.11 NMAC			
Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's Signed in compliance with 19.15.16.8 NMA	-	ncy telephone numbers	
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7. OCD Approval: Permit Application (including closure plan) 🛛 Closure	e Plan (only)	. /		
OCD Representative Signature: Nach	/	Approval Date: 12/5/12		
Title:	OCD Permit Number:	712115		
<b>5.</b> <u>Closure Report (required within 60 days of closure completion)</u> : 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	1 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 that two facilities were utilized.				
Disposal Facility Name: Disposal Facility Permit Number:				
Disposal Facility Name:	lity 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 open Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	rations:			
<ul> <li>io.</li> <li><u>Operator Closure Certification</u>:</li> <li>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.</li> <li>I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.</li> </ul>				
Name (Print): Dianna Bell	Title:	Compliance		
Signature:	Date:			
e-mail address:diannab@chienergyinc.com	Telephone: _432-685	-5001		