istrict I 1625 N French Dr , Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 Fastrict III

1000 Rio Brazos Road, Aztec, NM 87410

1220 S St Francis Dr , Santa Fe. NM 87505

HOBBS OCD

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State of New Mexico

JAN 0.9 2013 Minerals and Natural Resources

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

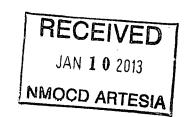
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit X 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 environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

Operator APACHE CORPORATION OGRID #: 873		
Address: 303 VETERANS AIRPARK LN., STE. 3000 MIDLAND TEXAS 79705		
Facility or well name NBTWEEN STATE #035 API Number: 30-015- 40/53 OCD Permit Number: 2127		
U/L or Qtr/Qtr D Section 25 Township 17 S Range 28 E County: EDDY		
Center of Proposed Design. Latitude 32.8105 N Longitude 104.136881 W NAD: 1927 1983		
Surface Owner: Federal State Private Tribal Trust or Indian Allotment		
Closed-loop System: Subsection H of 19.15.17.11 NMAC		
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A		
Above Ground Steel Tanks or Haul-off Bins		
HECEIVED		
Signs: Subsection C of 19.15.17.11 NMAC		
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers APR 6 2012		
Signed in compliance with 19.15.3.103 NMAC NMOCD ARTESIA		
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. 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 (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) API Number		
☐ Previously Approved Operating and Maintenance Plan API Number.		
S. 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 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: SUNDANCE INCORPORATED Disposal Facility Permit Number: NM-01-0003		
Disposal Facility Name: CRI 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? Yes (If yes, please provide the information below) No		
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 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		



	-	
Operator Application Certification:		
I hereby certify that the information submitted with this application is tru	ne, accurate and complete to the best of my knowledge and belief.	
Name (Print): SUSAN BLAKEMORE	Title: <u>DRILLING TECH</u>	
Signature:	Date: <u>APRIL 5, 2012</u>	
e-mail address: susan.blakemore@apachecorp.com	Telephone: 432-818-1966	
7. OCD Approval: Permit Application (including closure plan) X Closure Plan (only)		
OCD Representative Signature:	Approval Date: 1/31 3013	
Title: DIST # Supervish	OCD P'ermit Number: <u> </u>	
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: 12-28-12		
Instructions: Please indentify the facility or facilities for where the lique two facilities were utilized. Disposal Facility Name: Disposal Facility Name:	Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: sids, drilling fluids and drill cuttings were disposed. Use attachment if more than 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) \(\sum \not \) No		
Required for impacted areas which will not be used for future service and Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	d operations:	
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): Vicki Brown	Title: <u>Alrly Ach</u>	
Signature: Wieke Bouse	Title: <u>Alrly Ach</u> Date: 1-4-13	
e-mail address:vicki.brown@apachecorp.com	Telephone: 432, 818, 1000	