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 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 🔀 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.

Coperator: Apache Corporation OGRID 9: 873  Address: 303 Veterans Anpark Lane, Sule 3000 Midland, TX 79705  Facility or well name: Washington 33 State #55 (309175)  API Number: 30-015-40114 OCD Permit Number: 21446 County: Eddy County County: Eddy County: Eddy Cou		· · · · · · · · · · · · · · · · · · ·		
Address:       303 Veterans Arpark Lane, Suite 3000. Midland, TX 79705         Facility or well name:       Weshington 33 State #55 (309175)         API Number:       2012 Midland         ADU, or QirQir L       Section 33         Township       175         Range 28E       County:         Edde Owner:       Feddenil State         Privosof       Private         Thild Name:       Subsection 11 of 19.15.17.11 NMAC         Operation:       Dolling a new well BY Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)         Above Ground Street Tanks or       Haul-off Bins         Signs:       Subsection C of 19.15.17.11 NMAC         Diff">127: 247: 27: 127: 247: 27: 127: 247: 27: 128: 248       Subsection C of 19.15.17.11 NMAC         Signed in compliance with 19.15.3.103 NMAC       Testing any Wolfing Operator's name, site location, and emergency telephone numbers         Signed in compliance with 19.15.3.103 NMAC       Testing and Maintenance Plan - based upon the appropriate requirements of 19.15.17.19 NMAC         Or Design Plan - based upon the appropriate requirements of 19.15.17.19 NMAC       Sobescion C of 19.15.17.13 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of		OGRID #: 873		
Pacifily or well name:       Washington 33 State #56 (309175)         API Number:	Address: 303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705			
AP1 Number:	Facility or well name: Washington 33 State #55 (309175)			
U/L or QitrQitr	API Number: 30-015-40114 OCD Pe	rmit Number: 214246		
Center of Proposed Design: Latitude 32.7882057379598       Longitude -104.185781790369       NAD: 🛛 1927 □ 1983         Surface Owner: □ Federal 🗟 State □ Private □ Tribal Trust or Indian Allotment       .         Image: Image: Subsection II of 19.15.17.11 NMAC	IVI or Otr/Otr L Section 33 Township 17S			
Surface Owner:       Federal State       Private       Tribal Trust or Indian Alloment         1       Scheed-hoop System:       Subsection H of 19.15.17.11 NMAC         Operation:       Drilling a new well Scheed Drilling (Applies to activities which require prior approval of a permit or notice of intent)       P&A         Above Ground Steel Tanks or       Haut-of Bins       P         Signs:       Subsection C of 19.15.17.11 NMAC       P         [] 12% 24%; 2°: lettering, providing Operator's name, site location, and emergency telephone numbers       Signed in compliance with 19.15.3.103 NMAC         4.       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.1 NMAC         I_ 12% 24%; 2°: lettering, providing Operator's name, site location, and emergency telephone numbers       Signed in compliance with 19.15.3.103 NMAC         4.       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.19 NMAC         Instructions:       Each of the following items must be attached to the application. Please indicate, by a check mark in the bax, that the documents are attached.         (Doegrating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC       Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         [] Previously Approved Operating and Maintenance Plan - API Number:				
2.       Cosed-toop System:       Subsection H of 19.15.17.11 NMAC         Operation:       Drilling a new well X 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       -         Signs:       Subsection C of 19.15.17.11 NMAC       -         [21% 24", 2" 'tetring, providing Operator's name, site location, and emergency telephone numbers       -         Signed:       a constraint of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.         4.       Cosed-loop Systems Permit Application Attachment Checklist:       Subsection C of 19.15.17.13 NMAC         Montenance 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         Montenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC       -         Design Plan - based upon the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC       -         Matchemace Plan API Number:       -       -         Previously Approved Operating and Maintenance Plan API Number:       -       -         Thatructions:       Closure Face Indensity fib facility or facilities for the disposal of fluids, drilling fluids and drill cutings. Use attachment if more than two facilities	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
Operation:       Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)       P&A         Dobose Ground Steel Tanks or       Haul-off Bins         Signs:       Subsection C of 19.15.17.11 NMAC         D'2"x 24", 2"-lettering, providing Operator's name, site location, and emergency telephone numbers       Signs: Group Systems Permit Application Attachment Checklist:         Subsection B of 19.15.17.11 NMAC       Signs:       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 bax, that the documents are attached.         Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC       Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Operation; and Maintenance Plan - 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)         Approved Design (attach copy of design)       API Number:				
□ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         ☑ Signed in compliance with 19.15.3.103 NMAC         *         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 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:         •         *         *         *       Design (latach copy of design) API Number:         □ Previously Approved Operating and Maintenance Plan API Number:         •       Previously Approved Operating and Maintenance Plan API Number:         •       Disposal Facility Name:       Closure For Closed-loop Systems That Uillize Above Ground Steel Tanks or Hau-off Bins Only: (19.15.17.13.D MACC)         Disposal Facility Name:       Closure For Closed-loop System That Uillize Above Ground Steel Tanks or Hau-off Bins Only: (19.15.17.13.D MACC)         Disposal Facility Name:       Sundance, Inc.       Disposal Facility Permit Number:       NM-01-00006       NM-01-0006       N	Operation: 🗌 Drilling a new well 🔀 Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) 📋 P&A			
□ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         ☑ Signed in compliance with 19.15.3.103 NMAC         *         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 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:         •         *         *         *       Design (latach copy of design) API Number:         □ Previously Approved Operating and Maintenance Plan API Number:         •       Previously Approved Operating and Maintenance Plan API Number:         •       Disposal Facility Name:       Closure For Closed-loop Systems That Uillize Above Ground Steel Tanks or Hau-off Bins Only: (19.15.17.13.D MACC)         Disposal Facility Name:       Closure For Closed-loop System That Uillize Above Ground Steel Tanks or Hau-off Bins Only: (19.15.17.13.D MACC)         Disposal Facility Name:       Sundance, Inc.       Disposal Facility Permit Number:       NM-01-00006       NM-01-0006       N	3. Signe: Subsection C of 19 15 17 11 NMAC			
Signed in compliance with 19.15.3.103 NMAC  Cosed-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 Cover 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:  Systems: Planse indentify the facility or facilities for the disposal of fluidus, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: CRI Disposal Facility Name: Sundance, Inc. Disposal Facility Permit Number: NM-01-0003 Will any of the proposed closed-loop system operations and associated activities occur on areas that will not be used for future service and operations? Previgited or impacted areas which will not be used for future service and operations: Site Reclamation Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Required for impacted areas which will not be appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation 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 I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation 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 I of 19		telenhone numbers		
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.         Matched       Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Matched       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         Matched       Previously Approved Design (attach copy of design)       API Number:         Previously Approved Design (attach copy of design)       API Number:	_ /			
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the bax, that the documents are attached.         Image: Structure of the following items must be attached to the appropriate requirements of 19.15.17.11 NMAC         Image: Structure of the following items must be attached to the appropriate requirements of 19.15.17.12 NMAC         Image: Structure of the following items must be attached to the appropriate requirements of 19.15.17.12 NMAC         Image: Structure of the following items must be attached to the appropriate requirements of 19.15.17.12 NMAC         Image: Structure of the following items must be attached to the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Image: Structure of the following items must be attached to the appropriate requirements of Subsection C of 19.15.17.13 NMAC and 19.15.17.13 NMAC         Image: Structure of the following of design of the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.         Disposal Facility Name: Sundance, Inc.       Disposal Facility Permit Number: NM-01-0006         Image: Solid Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Solid Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Solid Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Solid Backfill and Cover Design Specifications based upon the appropriat	4.			
□       Previously Approved Operating and Maintenance Plan       API Number:         5. <b>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</b> (19.15.17.13.D NMAC)             Instructions: Please indentify the facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two             facilities are required.             Disposal Facility Name:              MM-01-0006             Disposal Facility Name:              MM-01-0006             Disposal Facility Permit Number:              MM-01-0003             Sundance, Inc.             No              Pacing Permit Number:              MM-01-0003             Sundance, Inc.             Sundance, Inc.             Sundance, Inc.             Soli Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC             Site Reclamation Plan	attached. Example 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			
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 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:       CRI         Sundance, Inc.       Disposal Facility Permit Number:         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 I of 19.15.17.13 NMAC         Site Reclamation 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         Area (Print):       Fatima Vasquez         Title:       Regulatory Tech I         Signature:       Date: 04/17/2013				
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:       CRI         Disposal Facility Name:       Sundance, Inc.         Disposal Facility Name:       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?         Yes (If yes, please provide the information below) IN 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         Ste Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Ste 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):       Fatima Vasquez         Signature:       Date:         Odd/17/2013	Previously Approved Operating and Maintenance Plan API Number:			
Disposal Facility Name:       Sundance, Inc.       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?       No         Pres (If yes, please provide the information below) ⊠ No       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         Betwee requirements of 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         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):       Fatima Vasquez       Title:       Regulatory Tech I         Signature:       Date:       04/17/2013	Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two			
Disposal Facility Name:       Sundance, Inc.       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?       No         Pres (If yes, please provide the information below) ⊠ No       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         Betwee requirements of 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         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):       Fatima Vasquez       Title:       Regulatory Tech I         Signature:       Date:       04/17/2013	Disposal Facility Name: CRI	Disposal Facility Permit Number: MM-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) X 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 G of 19.15.17.13 NMAC         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): Fatima Vasquez       Title: Regulatory Tech I         Signature:       Date: 04/17/2013	Disposal Facility Name: Sundance, Inc.	Disposal Facility Permit Number: MM-01-0003		
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 <b>Operator Application Certification:</b> 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): Fatima Vasquez Signature: Date: 04/17/2013				
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):       Fatima Vasquez         Signature:       Date:         04/17/2013	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 1 of 19.15.17.13 NMAC			
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):       Fatima Vasquez         Signature:       Date:				
Name (Print): Fatima Vasquez     Title: Regulatory Tech I       Signature:     Date: 04/17/2013		te and complete to the best of my knowledge and belief.		
Signature: Date: 04/17/2013		· · ·		
	An			
e-mail address: Telephone: Telephone: Telephone:	e-mail address: Fatima.Vasquez@apachecorp.com	Telephone: (432) 818-1015		

Form C-144 CLEZ

Oil Conservation Division

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:	Approval Date: 4/24/2013		
Title: Dist Et Superviso	Approval Date: <u>4/24/2013</u> OCD Permit Number: <u>21/24/6</u>		
8. <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.			
	X Closure Completion Date:		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> 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) 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. <u>Operator Closure Certification</u> : 1 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. 1 also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Fatima Vasquez Signature: Date: 10/05/2013			
e-mail address: Fatima. Vasquez@apachecorp.com	Telephone: (432)818-1015		

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