HOBBS OCD

State of New Mexico

Form C-144 CLEZ July 21, 2008

1625 N. French Dr., Hobbs, NM 88240

Energy Minerals and Natural Resources

1301 W. Grand Avenue, Artesia, NM 88240 JUL 28 2011 District III 1000 Rio Brazos Road, Aztec, NM 87410

Department Oil Conservation Division 12/20 South St. Francis Dr.

Santa Fe, NM 87505

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.

District IV 1220 S St Francis Dr., Santa Fe, NM 87505

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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 he advised that approval of this required does not relieve the operator of liability should operations result in pollution of curface water, ground water or the

environment. Not does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
1. Operator: APACHE CORPORATION OGRID #: 873
Address: 303 VETERANS AIRPARK LN., STE, 3000 MIDLAND TEXAS 79705
Facility or well name LC HARE #19
API Number 30-025- 40206 OCD Permit Number: Pt-03532
U/L or Qtr/Qtr K Section 33 Township 21 S Range 37 E County: LEA
Center of Proposed Design: Latitude 32.434278 N Longitude 103.170531 W NAD: 1927 1983
Surface Owner: Federal State Private Tribal Trust or Indian Allotment
<u></u>
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)
Above Ground Steel Tanks or Haul-off Bins
Signs: Subsection C of 19.15 17.11 NMAC
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 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 true, accurate and complete to the best of my knowledge and belief.		
Name (Print): SORINAL, FLORES () / 1		
Signature: Date. JULY 27, 2011		
e-mail address. <u>sorina.flores@apachecorp.com</u> - Telephone: <u>432-818-1167</u>		
7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature: Approval Date:	07/28/11	
Title: OCD Permit Number: P) - L	73532	
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 Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Utwo 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. 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		
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)		
Signature: Date:		
e-mail address: Telephone:		



DESIGN PLAN, OPERATING & MAINTENANCE PLAN, & CLOSURE PLAN FOR OCD FOR C-144

J G HARE #19

DESIGN PLAN

Fluid & cuttings coming from drilling operations will pass over the Shale Shaker with the cuttings going to the Sundance Inc / CRI haul off bin and the cleaned fluid returning to the working steel pits.

Equipment includes:

- 2-500 bbl steel frac tanks (fresh water for drilling)
- 2 180 bbl steel working pits
- 3 75 bbl steel haul off bins
- 2 Pumps (6-1/2" x 10" PZ 10 or equivalent)
- 1 Shale shaker
- I Mud cleaner QMAX MudStripper

OPERATING AND MAINTENANCE PLAN

Inspection to occur every tour for proper operation of system and individual components. If any problems are found they will be repaired and/or corrected immediately.

CLOSURE PLAN

All haul bins containing cuttings will be removed from location and hauled to Sundance Incorporated (NM-01-0003) disposal site located 3 miles East of Eunice, NM on the Texas horder / Controlled Recovery, Inc's (NM-01-0006) disposal site located near mile marker 66 on Highway 62/180.

Sorina L. Flores Drilling Tech