District 1
1625 N. French Dr., Hobbs, NM 8820BBS OCD
District II
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 8440B
District IV
1220 S S P. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources Department

Oil Conscrvation 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.

4.1 . 1	Closed-Loop System	n Permit or Closure Pl	rate Application
(that only		naut-off bins and propose to in action: Permit M Closu	nplement waste removal for closure
Instructions: Please submit		~ ^	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 environment. Nor does approva	of this request does not relieve the ope I relieve the operator of its responsibil	rator of liability should operations re ity to comply with any other applical	esult in pollution of surface water, ground water or the ble governmental authority's rules, regulations or ordinar
1.			
Operator, APACHE CO	ANS AIRPARK LN., STE. 3000	MIDLAND TEXAS	OGRID <u>#· 873</u> · 79705
Address: 303 VETER  Facility or well name:	WEST BLINEBRY DRINKA		
API Number:30-02		OCD Permit Number:	-03989
U/L or Qtr/Qtr H Section		-	LEA
Center of Proposed Design:		, ,	
	State Private Tribal Trust		
		or maisti Anouncit	
Clased loop System:	Subsection H of 19.15.17.11 NMAC		·
			rior approval of a permit (b) OSBS (OGD) P&A
☐ Above Ground Steel Tan		opines to activities winch require pr	To approvat of a permutation approvation approval of a permutation app
3.	as or Egitadi on Sind		FEB <b>2 4</b> 2012
Signs: Subsection C of 19.			
	oviding Operator's name, site locati	on, and emergency telephone num	
12"x 24", 2" lettering, pr		on, and emergency telephone num	RECEIVED
Signed in compliance wi			RECEIVED
Signed in compliance wi	ith 19.15 3.103 NMAC	st: Subsection B of 19.15.17.9 N	RECEIVED
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Oil Conscivation Division

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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): SUSAN BLAKEMORE Title: DRILLING TECH				
Signaturer Lusar Blakemore Date: DECEMBER 8, 2011				
e-mail address: susan.blakemore@apachecorp.com Telephone: 432-818-1966				
7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)				
OCD Representative Signature:  Approval Date: 12/98/11				
Title: OCD Permit Number: 21-03989				
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: 2-20-20-20-12				
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 than two facilities were utilized.  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				
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): V/CKI Brown  Title: Drig Tech  Signature  Date: 3-22-20/2  e-mail address. VICKI. brown @ apachecorp. Com  Telephone: 432,818,1117				
ELG 2-27-2012				

Form C-144 CLEZ