

HOBBS OCD

MAY 03 2012

RECEIVED

District I
1625 N. French Dr., Hobbs, NM 88240District II
811 S. First St., Artesia, NM 88210District III
1000 Rio Bratos Road, Aztec, NM 87410District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505State of New Mexico
Energy Minerals and Natural Resources

Department

Oil Conservation Division

1220 South St. Francis Dr.
Santa Fe, NM 87505Form C-144 CLBZ
Revised August 1, 2011

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 NMOC District Office.

RECEIVED
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 CLBZ) 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: Chesapeake Operating, Inc. OGRID #: 147179
 Address: P.O. Box 18426 Oklahoma City, OK 73154
 Facility or well name: WEST TRAS YATES SEVEN RIVERS UNIT 613
 API Number: 30-025-32779 OCD Permit Number: 91-04395
 U/L or Q/L/Q/L: Section 16 Township 20 SOUTH Range 33 EAST County: LBA
 Center of Proposed Design: Latitude: 33.572100 Longitude: -103.67316 NAD: ☒ 1927 ☐ 1983
 Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

☒ Closed-loop System: Subsection H of 19.15.17.11 NMACOperation: ☐ 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

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 19.15.16.8 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: _____

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 identify 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 Permit Number: NM-01-0006

Disposal Facility Name: SUNDANCE DISPOSAL 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?

☐ Yes (If yes, please provide the information below) ☒ No

Required for impacted areas which will not be used for future service and operations.

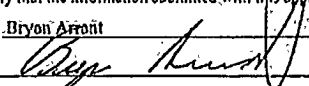
- ☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection Q 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): Bryon Arrant

Title: Regulatory Specialist II

Signature: 

Date: 04/03/2012

e-mail address: bryan.arrant@chk.com

Telephone: (405) 935-3782

7. **OCD Approval:** ☐ Permit Application (Including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: [Signature] Approval Date: 4-5-2012

Title: START WORK OCD Permit Number: 91-04395

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: 4-23-12

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**
 Instructions: Please identify 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: Sundance Disposal Disposal Facility Permit Number: NM-01-0003

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. **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): Bryan Arriaga Title: Regulatory Specialist II

Signature: [Signature] Date: 5-3-12

e-mail address: bryan.arriaga@chk.com Telephone: 405.935.3782

EG 5-3-2012