

HOBBS OCD

MAY 17 2012

District I
1625 N. French Dr., Hobbs, NM 88240District II
811 S. First St., Artesia, NM 88210District III
1000 Rio Brazos Road, Aztec, NM 87401District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505HOBBS OCD
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State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505Form C-144 CLEZ
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.

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.

1. Operator: Chesapeake Operating, Inc. OGRID # 147715
 Address P.O. Box 18496 Oklahoma City, OK 73154
 Facility or well name: TRINITY BURRUS ABO UNIT 24
 API Number: 30-025-36715 OCD Permit Number: 212411 PL-04310
 U/L or Qtr/Qtr E Section 26 Township 12 South Range 38 East County: Lea
 Center of Proposed Design: Latitude 33.250760 Longitude -103.07401 NAD: ☒ 1927 ☐ 1983
 Surface Owner: ☐ Federal ☐ State ☒ Private ☐ Tribal Trust or Indian Allotment

2. ☒ **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

3. **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

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.

☒ 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: _____

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 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 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) Bryan Arrant Title: Regulatory Specialist IISignature: [Signature] Date: 03/12/2012e-mail address: bryan.arrant@chk.com Telephone: (405)935-3782

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OCD Approval: <input type="checkbox"/> Permit Application (including closure plan) <input type="checkbox"/> Closure Plan Only	
OCD Representative Signature: <u><i>[Signature]</i></u>	Approval Date: <u>3-14-2012</u>
Title: <u>STAFF</u>	OCD Permit Number: _____

Closure Report (required within 60 days of closure completion): Subsection K of 19 15 17 13 NMAC <i>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.</i>	
Closure Completion Date: <u>4-09-2012</u>	

Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: <i>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.</i>	
Disposal Facility Name: <u>Sundance Disposal</u>	Disposal Facility Permit Number: <u>NM-01-0003</u>
Disposal Facility Name: _____	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?	
<input type="checkbox"/> Yes (If yes, please demonstrate compliance to the items below) <input type="checkbox"/> No	
<i>Required for impacted areas which will not be used for future service and operations</i>	
<input type="checkbox"/> Site Reclamation (Photo Documentation)	
<input type="checkbox"/> Soil Backfilling and Cover Installation	
<input type="checkbox"/> 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): <u>Bryan Arrant</u>	Title: <u>Regulatory Specialist II</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>5-16-2012</u>
e-mail address: <u>bryan.arrant@chk.com</u>	Telephone: <u>405.935.3782</u>

MW/OCD 5-18-2012