

HOBBS OCD

AUG 21 2012

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DESAI
1625 N. Lincoln Dr., Hobbs NM 88240
Bridgell
811 S. Third St., Artesia, NM 87010
Bridgell
1001 Rio Huerfano Road, Artesia, NM 87410
Bridgell
12215 St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Department of Minerals and Natural Resources
Oil Conservation Division
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
Revised August 1, 2011

For closed-loop systems that only use above ground steel tanks or haul-off lines and propose to implement waste removal for closure, submit to the appropriate NMDC District Office.

FEB 20 2012

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off lines 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 lines 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. OCROD # 147179
Address P.O. Box 18496 Oklahoma City, OK 73154-0496
Facility or well name QUAIL QUEEN UNIT 5
API Number 30 025-26783 OCROD Permit Number P1-04229
U/L or Q/L On L Section 11 Township 19 S Range 34 E County Lea
Center of Proposed Design: Latitude 32 672810 Longitude -103.53701 NAD: ☒ 1927 ☐ 1983
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

☒ Closed-loop System - Subsection II 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 Lines

Signs - Subsection C of 19.15.17.11 NMAC
☐ 12"x 24", 2" lettering, providing Operator's name, the location, and emergency telephone numbers
☒ Signed in compliance with 19.15.16.8 NMAC

Closed-loop System Permit Application Attachment Checklist: Subsection II 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 Lines Only: (19.15.17.13.12 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 I 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 C 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) Bryan Aram Title Regulatory Specialist II

Signature [Signature] Date 02/10/2012

e-mail address bryan.aram@ch2m.com Telephone (605) 935-3782

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1. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: [Signature] Approval Date: 2-20-2012

Title: State Rep OCD Permit Number: PI-04229

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17, 11 NMAC
Instructions: Operations 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: 3/03/2012

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Hand-off Bins Only:**
Instructions: Please identify the facility or facilities for where the fluids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposed Facility Name: CP1 Disposal Facility Permit Number: NM-01-9906

Disposed 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 in 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. **Director's 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 Adams Title: _____

Signature: [Signature] Date: 8/21/2012

e-mail address: bryan.adams@state.nm.gov Telephone: 505.935.3787