Form C-144 CLEZ

July 21, 2008

1301 W. Grand Avenue, Artesia, NM

District III

Oil Conservation Division District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 AUG 1 5 7008 1220 South St. Francis Dr. 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.

## ed Doop System Permit or Closure Plan Application

Samta Fe, NM 87505

(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. Operator: Chesapeake Operating, Inc. Address: P.O. Box 18496 Oklahoma City, OK 73154-0496 Facility or well name: \_Federal USA L # 1 \_\_\_\_\_ API Number: 30-025-30361 OCD Permit Number: 01 - 00345 U/L or Qtr/Qtr Y Section 14 Township 19 South Range 33 East County: Lea Longitude \_\_-103.630400 \_\_\_\_\_ NAD: **2**1927 **1**983 Center of Proposed Design: Latitude 32,659310 Surface Owner: Federal State Private Tribal Trust or Indian Allotment 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) MR 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 19.15.3.103 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: 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: Controlled Recovery, Incorporated Disposal Facility Permit Number: R-9166 1) n - 01 - 0006 Disposal Facility Name: Sundance Disposal Disposal Facility Permit Number: NM-01-0019 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 **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. Title: \_Sr. Regulatory Compliance Specialist\_\_\_\_\_ Name (Print):

e-mail address: \_\_\_linda.good@chk.com\_

Signature:

Telephone: 405-767-4275

OCD Approval: Permit Application (including closure plan) Closure Plan (only)	
OCD Representative Signature:	Approval Date: 8/25/08
Title: Dast. Supervisor	OCD Permit Number: P1-00345
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 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:
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?  Yes (If yes, please demonstrate compliance to the items below) \sum No	
Required for impacted areas which will not be used for future service and operation     Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique	ions:
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):  Title:	
Signature:	Date:
e-mail address:	Telephone:

# Chesapeake Operating, Inc.'s Closed Loop System Federal USA L # 1

Unit I Sec. 14 ,T-19-S R-33-E Lea Co., NM

API#: 30-025-30361

### Equipment & Design:

Chesapeake Operating, Inc. is to use a closed loop system in the plug and abandonment of this well.

(1) 250 bbl frac tank

### **Operations & Maintenance:**

During each and every tour, the rig's drilling crew will inspect and monitor closely the drilling fluids contained within the steel tank and visually monitor any spill which may occur.

Within 48 hours should a spill, release or leak occur, the NMOCD District I office in Hobbs (575-393-6161) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur.

This is in keeping with the reporting requirements of NMOCD's rule 116.

#### Closure:

After plug and abandonment operations, fluids will be hauled and disposed to the Controlled Recovery, Inc.'s (CRI) location.

The disposal permit number for CRI is: R-9166. WM - 01 - 0006 Should this facility not be available, Sundance Disposal is the alternative site. The permit # for this facility is: NM-01-0003.