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| □ Clased-loop System:       Subsection H of 19.15.17.11 NMAC         ○ Clased-loop System:       Subsection H of 19.15.17.11 NMAC         ○ Above Chound Steel Fanks or    Haul-off Bins         >         >         Stags:       Subsection C of 19 15 17 11 NMAC            12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         >       Signet:         Stags:       Subsection C of 19 15 17 11 NMAC            12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers         >       Signet in compliance with 19 15 3 103 NMAC         4       Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17 9 NMAC         1       Trivincitians:       Each of the following licens nurve be attached to the application. Please indicate, by a check mark in the bax, that the documents are attached.         >       Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19 15 17 9 NMAC and 19 15 17 13 NMAC         >       Closert Plan (Place 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 Degrating and Maintenance Plan       API Number.         >       Previously Approved Degrating and Maintenance Plan       API Number.         Maste Removal Closure For Closed-loop System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Opciation       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         J       Sings:       Subsection C of 19 15 17 11 NMAC         [] 12"x 24", 2" fettering, providing Operator's name, site location, and emergency telephone numbers         Signed in compliance with 19 15 3 103 NMAC         I       Instructions: Each of the following items nurve 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         Ø Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17 12 NMAC         Ø Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17 12 NMAC         Ø Operating and Maintenance Plan - 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 Design (attach copy of idesign)       API Number:         Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haut-off Bins Only: (19 15 17 13 D NMAC)         Instructions:       Previously Approved Design (attach copy of idesign)         Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Name (Print) AMRER COOKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SignatureDate_04/21/2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| e-mail address _ AMBER_COOKE@APACHECORP_COMFelephone. 918-491-4968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| OCD Approval:  Permit Application (including closure plan)  Closure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |  |  |  |  |  |  |  |  |
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| OCD Representative Signature: Juny M. Hif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Approval Date: MAY 1 3 2009                                                                                                                  |  |  |  |  |  |  |  |  |
| DISTRICT 1 SUPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OCD Permit Number: PI-01077                                                                                                                  |  |  |  |  |  |  |  |  |
| * <u>Closure Report (required within 60 days of closure completion)</u> : 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |  |  |  |  |  |  |  |  |
| %         Closure Report Regarding Waste Removal Closure For Closed-loop System         Instructions: Please indentify the facility or facilities for where the liquids, do         Instructions: Please indentify the facility or facilities for where the liquids, do         Instructions: Please indentify the facility or facilities for where the liquids, do         Instructions: Please indentify the facility or facilities for where the liquids, do         Disposal Facility Name         Disposal Facility Name         Vere the closed-loop system operations and associated activities performed on a light of the grade demonstrate compliance to the items below)         No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | illing fluids and drill cuttings were disposed. Use attachment if more than Disposal Facility Permit Number: Disposal Facility Permit Number |  |  |  |  |  |  |  |  |
| Required for impacted areas which will not be used for future service and opera<br>Site Reclamation (Photo Documentation)<br>Soil Backfilling and Cover Installation<br>Re-vegetation Application Rates and Seeding Technique                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tions <sup>.</sup>                                                                                                                           |  |  |  |  |  |  |  |  |
| 10         Operator Closure Certification:         1 hereby certify that the information and attachments submitted with this closure belief         1 also certify that the information and attachments submitted with this closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure required with the closure complex with all applicable closure closure closure complex with all applicable closure | The production Engineer Tech<br>Date 918. 491. 4908                                                                                          |  |  |  |  |  |  |  |  |
| Carry M. Lil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |  |  |  |  |  |  |  |  |



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## Closed-Loop System Design, Operation, Maintenance, and Closure Plan for Completion/Workover Operations

This document is intended to provide design requirements as well as operating, maintenance and closure instructions for closed-loop (completion/workover fluid) systems, ensuring compliance with New Mexico Title 19, Chapter 15, Part 17 rules and regulations. Completion/workover units operating for Apache Corporation in New Mexico should be rigged up with a closed-loop system consistent with this design and should be operated, maintained, and closed in a manner consistent with this document.

## Design

The closed-loop system shall be designed and construct to ensure the confinement of oil, gas, or water and to prevent uncontrolled releases. We will utilize cuttings bins to contain drilled solids for transport and disposal off site at a New Mexico licensed disposal facility. **Figure 1** is attached for reference when reviewing the following design specifications.

The minimum solids removal equipment includes an above ground steel tank. The steel tank(s) shall be a minimum of 90 barrels and constructed and in a condition such that no leaks or uncontrolled releases would be expected. The tank(s) shall be placed to receive all of the fluid and cuttings as they return from the well bore and entry from the flow line shall be such that splash is minimized. The tank is divided into two sections such that the drilled solids will be separated from the liquid by gravity and the solids will be removed from the steel tank using a vacuum truck and disposed of at a licensed and approved disposal facility. The first section is used to collect the drilled solids and the clean drilling fluids are then carried over to the second section of the steel tank which is used as a suction tank for the pump.

The steel tanks(s) shall comply with any applicable requirements specified in 19.15.17 NMAC. Additionally, the appropriate well signs shall be in place to comply with 19.15.17 NMAC.

## **Operation and Maintenance**

The closed-loop system shall be operated and maintained at all times in such a manner as to prevent contamination of fresh water and protect the public health and the environment. While Apache Corporation relies on various third party vendors to provide, operate and maintain the closed-loop system, in the end it is the Apache Corp on-site representative who must take responsibility for the effective operation of the system. At the end of the well, all drilling fluids and drilled solids should be disposed of in a licensed disposal facility in New Mexico. Know which licensed and approved disposal facility is closest to your location and verify that they are capable and prepared to receive the cuttings and fluids from your well. Track all loads sent during the drilling of the well and up to the time the rig is moved off of the location.

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Current approved facilities are;

- Controlled Recovery Inc. (877) 505-4274
- Sundance Incorporated (575) 394-2511

Ensure that the closed-loop system meets the design criteria listed above and is properly installed and fully functional prior to commencing any operations which require circulation.

Inspect the active system tanks at least every tour to ensure no drilling fluid is leaking onto the location. Check any dump values and interconnecting pipes for leaks. Correct any leaks as soon as possible upon detection.

Monitor and know/plan the fluid level in the steel fluid containment pits. Call for vacuum trucks with enough lead time to allow for possible delays.

Make every effort to operate and maintain the closed-loop system in a manner that puts no drilling fluid or well bore discharge/cuttings in contact with the location or surrounding area.

In the event of an oil spill that reaches water, or an oil spill to land over five (5) barrels take immediate action to contain the spill and make to following notifications;

- EHS Apache Hotline (800) 874-3262
- NMOCD

In the event of oil reaching water include the following notification;

• Environmental Protection Agency (EPA) National Response Center

## Closure

The "closure" of the closed-loop system must be completed within six months of the date the completion/workover is released from the location. A Closure Report must be filed with the New Mexico Oil Conservation Division within 60 days of completing the closure. "Closure" of a closed-loop system begins with the proper disposal of all liquid mud and cuttings that are on location upon rig release. The cuttings and liquid should be transported to an approved disposal facility. See operating instructions above. Next all of the equipment associated with the closed-loop system must be removed. Ensure that equipment being removed and transported to the next location or other facility is clean and in such a state that no waste will be discharged during transportation.

If there is evidence of a release of mud or cuttings to the surface collect individual grab samples from the potentially contaminated area and analyze for benzene, total BTEX,



THP, the GRO and DRO combined fraction and chlorides to demonstrate that benzene, as determined by EPA SW-846 method 8021B or 8260B or other EPA method that the division approves, does not exceed 0.2 mg/kg; total BTEX, as determined by EPA SW-846 method 8021B or 8260B or other EPA methods that the division approves, does not exceed 50 mg/kg; TPH, as determined by EPA SW-846 method 418.1 or other EPA method that the division approves does not exceed 2500 mg/kg; the GRO and DRO combined fraction determined by EPA SW-846 method 8015M, does not exceed 500 mg/kg; and chlorides as determined by EPA method 300.1 do not exceed 500 mg/kg or the background concentration, whichever is greater.

When closure is completed a closure report must be filed with the NMOCD within 60 days. The filing consists of printing a copy of the C-144 that was approved previously, completing the Closure Report on page 4 and submitting it to the NMOCD.

For our closed-loop systems in the <u>Closure Report</u> area of the form we will provide the closure completion date and check the "Closure Completion Date" box found approx. 2/3 of the way down the page. In the <u>Closure Method</u> area, check the "Waste Excavation and Removal" box. In the <u>Closure Report Attachment Checklist</u> put a check mark in the "Disposal Facilities Name and Permit Number". In the space to the right of the checklist write in the name(s) of the disposal facility or facilities used during both the drilling and the closure phase of the closed-loop operation.

If there was evidence of leakage requiring samples and analysis, in addition to the instructions for completing Form C-144 listed above, check the "Confirmation Sampling Analytical Results" box in the Closure Report Attachment Checklist and attach a copy of the soil analysis report.

Prepared by

Člint Brian, P.E. SR. Production Engineer

April 21, 2009

| Attachment:  | Figure   | 1   |        | New   | Mexico | Typical | Closed-Loop | System | for |
|--------------|----------|-----|--------|-------|--------|---------|-------------|--------|-----|
| Completion/V | Vorkover | Ope | eratio | ons 👋 | 1. I.  | :       | -           | -      |     |
|              |          |     |        |       | · · ·  | 14<br>1 |             |        |     |

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Figure 1 – New Mexico Typical Closed-Loop System for Completion/Workover Operations