District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fc, NM 87505

## State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ July 21, 2008

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.

## 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: X 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 hand-off bins and propose to implement waste removal for closure, please submit a Form C-144.

closed-loop system that only use above ground steel tanks or haul-off bins and proj		4.	
Please be advised that approval of this request does not relieve the operator of liability's environment. Nor does approval relieve the operator of its responsibility to comply with			
T.	A A A		
Operator: Chesapeake Operating, Inc.		RECEIVED	
Address: P.O. Box 18496 Oklahoma City, OK 73154-0496		MEDEIAED	
Facility or well name: Federal 31G #2	DI ATU	NOV 2 0 Zijus	
API Number: 30-025-31354 OCD I	Permit Number: F1-1/5		
U/L or Qtr/Qtr B Section 31 Township 19 South	7		
Center of Proposed Design: Latitude 32.622770 Long		NAD: ⊠1927 ☐ 1983	
Surface Owner: A Federal State Private Tribal Trust or Indian Allotm	ent		
2:   X Closed-loop System: Subsection H of 19.15.17.11 NMAC   Operation:   Drilling a new well   Workover or Drilling (Applies to activities	s which require prior approval of a permit	or notice of intent) 🛛 P&Á	
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 Cleeklist: Subsection Instructions: Each of the following items must be attached to the application: attached.  Design Plan - based upon the appropriate requirements of 19.15.17.11 NM  Operating and Maintenance Plan - based upon the appropriate requirement Closure Plan (Please complete Box 5) - based upon the appropriate requirement Previously Approved Design (attach copy of design)  Previously Approved Operating and Maintenance Plan API Number:	Please indicate, by a check mark in the b AC is of 19.15.17.12 NMAC ments of Subsection C of 19.15.17.9 NM	,	
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Hauf-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: NI	M-01-0006	
Disposal Facility Name: Sundance Disposal	Disposal Facility Permit Number: NI	M-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 1 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: Sr. Regulatory Compl. 5	Sp	
Signatuie: Date: <u>07/08/2009</u>			
e-mail address: bryan.arrant@chk.com	Telephone: (405)935-3782		

OCD Approval: Permit Application (including closure plan) [ Closure Plan (only)		
OCD Representative Signature:  PETROLEUM ENGINEEM  Title:	OCD Permit Number: P1-01511	
s. <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:	
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 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 operated 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 31G # 2 Unit B, Sec. 31, T-19-S R-33-E

Lea Co., NM API #: 30-025-31354

**Equipment & Design:** 

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

(1) 250 bbl frac tank

**Operations & Maintenance:** 

During each and every tour, the rig's drilling crew will inspect and closely monitor 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 19.15.29.8

## Closure:

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

The disposal permit number for CRI is: NM-01-0006

Should this facility not be available, Sundance Disposal is the alternative site.

The permit # for this facility is: NM-01-0003.