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District II

District II

District II

1000 Rio Brazos Road, Aztec, NM 874

1220 S St Trancis Dr , Santa Fc. NM

e-mail address. dreatanach@netseape.com

District III

1301 W Grand Avenue, Artesia, NMARIGO 2 / 2010

State of New Mexico
Energy Minerals and Natural Resources

Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fc. 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: Permit X 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: Apache Corporation Address: 6120 S Yale Ave. Suite 1500 Tulsa, Oklahoma 74136 Facility or well name: Argo No. 15 *30.025-39829* API Number OCD Permit Number: P1- 02306 U/L or Qtr/Qtr N Section 15 Township 21-S Range 37-E County: Lea Center of Proposed Design: Latitude 32'28'20.80" N Longitude 103'09'13.00" W 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) 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: Sundance Incorporated Disposal Facility Permit Number. NM-01-0003 Disposal Facility Name: CRI _____ Disposal Facility Permit Number NM-01-0006 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 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): David Catanach Title: Agent for Apache Corporation Signature: Date: 7/10/2010

Telephone: (505) 690-9453

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: 8-25-2010 2. 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: NM-0 -0006 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 No Required for impacted areas which will not be used for future service and operations. Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Operator Closure Certification: Instructions: Title: Drilling Engine: Drate: Manuelling Drate: Drilling Engine: Drate: Drate: Drilling Engine: Drate: Drate: Drate: Drilling Engine: Drate: Drate: Drate: Drate: Drate: Drate: Dri	7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)	
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: 8-25-2010 2. 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:	OCD Representative Signature:	Approval Date: 07/13/10
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: 8-25-2010	Title: Geologist	OCD Permit Number: P1-02206
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:	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.	
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 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 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): Jeremy Ward Title: Drilling Engineer Signature: Date: 8-25-70	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.	
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Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation 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): Jereny Ward Title: Drilling Engineer		
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): Tereny Ward Title: Drilling Enginer Signature: Date: 8-25-10	Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation	ons.
belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print): Terency Ward Title: Drilling Engineer Signature: Date: 8-25-10	10 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): Jeremy Ward	Title: Drilling Engineer
	Signature:	Date: 8-25-10
e-mail address: jeverny, ward@apachecorp.com Telephone: 432-818-1000	e-mail address: jeverny, ward@apachecorp.wr	7 Telephone: 432-818-1000

EG 8-30-10