<u>District I</u> 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 Fe, NM 87505

# State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

July 21, 2008

Form C-144 CLEZ

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 they use above ground steet tanks or haut-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.		
1.		
Operator: APACHE CORPORATION OGRID #: 873		
Address: 303 VETERANS AIRPARK LN., STE, 3000 MIDLAND TEXAS 79705		
Facility or well name: DOS #1H		
API Number: 30-025- 40102 OCD Permit Number: 1-03052		
U/L or Qtr/Qtr M Section 29 Township 14 S Range 34 E County: LEA		
Center of Proposed Design: Latitude 33.069386 N Longitude 103.540244 W NAD: 1927 1983		
Surface Owner:  Federal State Private Tribal Trust or Indian Allotment		
2,		
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)		
Above Ground Steel Tanks or Haul-off Bins		
3.		
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		
4. 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:		
S. 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 I of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC		

Thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  Name (Print): SORNA L. FLORES	6. Operator Application Certification:		
Name (Print): SORRAL FLORES   Tide: DRILLING TECH III  Signature: Sorina flores@apachecorp.com			
c-mail address: sorinn. (lores@apachecorp.com)			
OCD Approval:   Permit Application (including closure plan)   Closure Plan (only)  OCD Representative Signature:   Approval Date:   D   D   D    Title:   Geologist   OCD Permit Number:   P1 - D   D   D    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 on one of the form until an approved closure plan has been obtained and the closure activities have been on one of the closure activities and submitting the closure report.  Closure Report Reparting 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:   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 tiems below)   No Required for impacted areas which will not be used for future service and operations?  Signature:   Disposal Facility 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):   Date:   Date:   Date:	Signature: Sound Hory Date:	MARCH 30, 2011	
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 is required to obtain an approved closure plan prior to implementing any closure activities and submitting 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 Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bias Only: Distructions: 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 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 operations:  Size 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):  Date:  Title:	e-mail address: sorina.flores@apachecorp.com Telephone	432-818-1167	
Title:	7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
Title:	OCD Representative Signature:	Approval Date: 07/3///	
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 Systems That Utilize Above Ground Steel Tanks or Haul-off Bius 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 Name:  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 operations:  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Operator Closure Certification:  It 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:  Date:  E-mail address:  Telephone:	Title: Geologist	OCD Permit Number: P1-03052	
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.		
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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):	Soil Backfilling and Cover Installation		
Name (Print):	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. Lalso certify that the closure complies with all applicable closure requirements and conditions specified in the appropriate plan.		
Signature: Date: e-mail address: Telephone:		` '' '	
e-mail address:			
	e-mail address:		



## DESIGN PLAN, OPERATING & MAINTENANCE PLAN, & CLOSURE PLAN FOR OCD FOR C-144

## **DOS** #1H

### **DESIGN PLAN**

Fluid & cuttings coming from drilling operations will pass over the Shale Shaker with the cuttings going to the Sundance Inc / CRI haul off bin and the cleaned fluid returning to the working steel pits.

### Equipment includes:

- 2 500 bbl steel frac tanks (fresh water for drilling)
- 2 180 bbl steel working pits
- 3 75 bbl steel haul off bins
- 2 Pumps (6-1/2" x 10" PZ 10)
- 1 Shale shaker
- 1 Mud cleaner QMAX MudStripper

#### **OPERATING AND MAINTENANCE PLAN**

Inspection to occur every tour for proper operation of system and individual components. If any problems are found they will be repaired and/or corrected immediately.

#### **CLOSURE PLAN**

All haul bins containing cuttings will be removed from location and hauled to Sundance Incorporated (NM-01-0003) disposal site located 3 miles East of Eunice, NM on the Texas border / Controlled Recovery, Inc's (NM-01-0006) disposal site located near mile marker 66 on Highway 62/180.

Sorina L. Flores Drilling Tech