Recycling Facility Only

Type of action: Permit Registration Modification Closure Other (explain)
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: Chevron U.S.A. Inc. (For multiple operators attach page with information) OGRID #: 4323
Address: <u>1400 Smith Street, Houston, TX 77002</u>
Facility or well name (include API# if associated with a well): <u>Cotton Draw Section 10 ROTF Facility</u>
OCD Permit Number: <u>1RF-456</u> (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr <u>F</u> Section <u>10</u> Township <u>25S</u> Range <u>32E</u> County: <u>Lea</u>
Surface Owner: 🛛 Federal 🗌 State 🗌 Private 🗌 Tribal Trust or Indian Allotment
2.
⊠ <u>Recycling Facility</u> :
Location of recycling facility (if applicable): Latitude <u>32°8'46.74"N</u> Longitude <u>103°39'54.34"W</u> NAD83
Proposed Use: Drilling* Completion* Production* Plugging *
*The re-use of produced water may NOT be used until fresh water zones are cased and cemented
Other, requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on
groundwater or surface water.
\square Fluid Storage
Above ground tanks Activity permitted under 19.15.17 NMAC explain type
Activity permitted under 19.15.36 NMAC explain type: Other explain
☐ Closure Report (required within 60 days of closure completion):
Closure Report (required within 60 days of closure completion).
3.
<u>Variances</u> :
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the
environment. Check the below box only if a variance is requested:
Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the
variance information on a separate page and attach it to the C-147 as part of the application. If a Variance is requested, it must be approved prior to implementation.
4.
Operator Application Certification:
I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
Name (Print): Tony Vallejo Title: Senior Workforce Safety and Environmental Specialist - Factory
Signature: Tony Vallajo Date: 2/3/2021
e-mail address:jvallejo@chevron.com Telephone:432-687-7524 or 325-450-1413
5. OCD Representative Signature:
Title: <u>Environmental Specialist</u> OCD Permit Number: <u>1RF~456</u>
OCD Conditions
Additional OCD Conditions on Attachment