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 Fe, NM 87505

Form C-1

State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr.

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.

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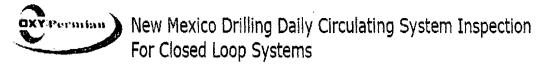
Closed-Loop System Permit or Closure Plan Application

Santa Fe, NM 87505

(that only use above ground steel tanks or haul-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. Operator: __OXY USA Inc______OGRID #: __16696_____ Address: ____PO BOX 50250 - Midland, TX 79710 Facility or well name: Goodnight 27 Federal #5H API Number: 30-015-39431 OCD Permit Number: MA 211982 U/L or Qtr/Qtr M Section 27 Township 23S Range 29E, NMPM County: Eddy Center of Proposed Design: Latitude N 32.2709610° Longitude 103.9792195° NAD: ⊠1927 ☐ 1983 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 SEP 21 2011 2 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 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: ___ Control Recovery Inc. ____ Disposal Facility Permit Number: ___ R9166_ Disposal Facility Name: ___ Sundance Landfill Disposal Facility Permit Number: ___NM-01-003_ 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 **Operator Application Certification:** I hereby certify that the information submitted with the application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Juan Sierra Signature: iuan sierva@c e-mail address: Telephone:

Oil Conservation Division

7. • OCD Approval: Permit Application (including closure plan) Closure	Plan (only)				
OCD Approval: Permit Application (including closure plan) Closure OCD Representative Signature:	Approval Date: 08/27/2011				
Title: Dist	OCD Permit Number: 211982				
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the form until an approved closure plan has been obtained and the complete the section of the section o	to implementing any closure activities and submitting the closure report. The completion of the closure activities. Please do not complete this				
	Closure Completion Date:				
9. Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dr. 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 c Yes (If yes, please demonstrate compliance to the items below) \(\simega\) No	or in areas that will not be used for future service and operations?				
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	tions:				
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require					
Name (Print):	Title:				
Signature:	Date:				
e-mail address:	Telephone:				



Wellname: County:			Permit #:	Permit #:	Rig Mobe D	Rig Mobe Date:	
					Rig Demob	Rig Demobe Date:	
Inspection Date	Time	By Whom	Any drips or leaks from contained?* Explain.	n steel tanks, lines o	or pumps not	Has any hazardous waste been disposed of in system?	
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All circulating systems to be inspected DAILY during drilling operations.

*Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.