## State of New Mexico

District I 1625 N. French Dr., Hobbs, NM 88240

District IV
District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

District II 1301 W. Grand Avenue, Artesia, NM 38210

JUL 16

Energy Minerals and Natural Resources

Department Oil Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-144 Cl Jaly 21,

For closed-loop systems that only use above ground steel tanks or haul-off bins and prope to implement waste removal for closure, sub-to the appropriate NMOCD District Office.

## Closes 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)

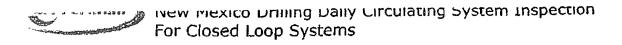
Type of action: Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual clo- closed-loop system that only use above ground steel tanks or haul-off bins and prop	
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	hould operations result in pollution of surface water, ground water or the
Operator: OXY USA WTP LP	OGRID #: してみてんろ
	TX 7470
Facility or well name: Myens Langlie Mattix Unit	# 97
	Permit Number: P1-04932
U/L or Qtr/Qtr / Section 31 Township 235	Range 37 E County Lea
Center of Proposed Design: Latitude 32.25866 Longi	_
Surface Owner: Federal State Private Tribal Trust or Indian Allotme	ent
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) P&A
Above Ground Steel Tanks on Haul-off Bins	
Signs: Subsection C of 19.15.17 11 NMAC	
12"x 24", 2" lettering, providing Operator's name, site location, and emergence	cy telephone numbers
Signed in compliance with 19.15.3.103 NMAC	
d. 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.	
attached. Design Plan based upon the appropriate requirements of 19.15.17.11 NM	AC
Operating and Maintenance Plan - based upon the appropriate requirements	s of 19.15.17.12 NMAC
Closure Plan (Please complete Box 5) - based upon the appropriate require  Previously Approved Design (attach copy of design)  API Number:	ments of Subsection C of 19.13 [7.9 NMAC and 19.13.17.13 NMAC
Previously Approved Design (attach copy of design)  Art Number:  Art Number:	
5.	
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Instructions: Please indentify the facility or facilities for the disposal of liquids	d Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)  drilling fluids and drill cuttings. Use attachment if more than two
facilities are required.	
Disposal Facility Name: Lowtrol Recovery Luc.	
Disposal Facility Name	
Will any of the proposed closed-loop system operations and associated activities of Yes (If yes, please provide the information below) \( \subseteq \text{No} \)	occur on or in areas that will not be used for future service and operation
Required for impacted areas which will not be used for future service and operati	ions:
Soil Backfill and Cover Design Specifications based upon the appropriation Re-vegetation Plan based upon the appropriate requirements of Subsection	te requirements of Subsection H of 19 (5.17.13 NMAC)
Site Reclamation Plan - based upon the appropriate requirements of Subsec	ction G of 19.15 17.13 NMAC
6. Operator Application Certification:	
I hereby certify that the information submitted with this application is true, accura	ate and complete to the best of my knowledge and belief.
Name (Print). Dasid Stewart	Title Regulationy Adulton
Signature:	Date: 6/27/12
e-mail address: devid_stewarted oxy. com	Telephone: 432-635-5717

Form C-144 CLEZ

Oil Conservation Division

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OCD Approval: Permit Application (including closure plan)	and (only)
OCD Representative Signature:	Approval Date: 7-17-201
Title: Dist. M.	OCD Permit Number: P1-04932
Stocking School	o implementing any closure activities and submitting the closure rej he completion of the closure activities. Please do not complete this
	Closure Completion Date:
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, drill 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 Yes (If yes, please demonstrate compliance to the items below) No	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	ons:
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem	ents and conditions specified in the approved closure plan.
Name (Print):	Title:
Signature:	Date.
e-mail address:	Telephone:



Wellname:			Permit #:	Permit #:			Rig Mobe Date:			
County:					Rig Demobe Date:					
Inspection Date	Time	By Whom	Any drips or leaks from contained?* Explain.	steel tanks,	lines or	pumps not	Has any disposed	hazardous waste of in system?	been	
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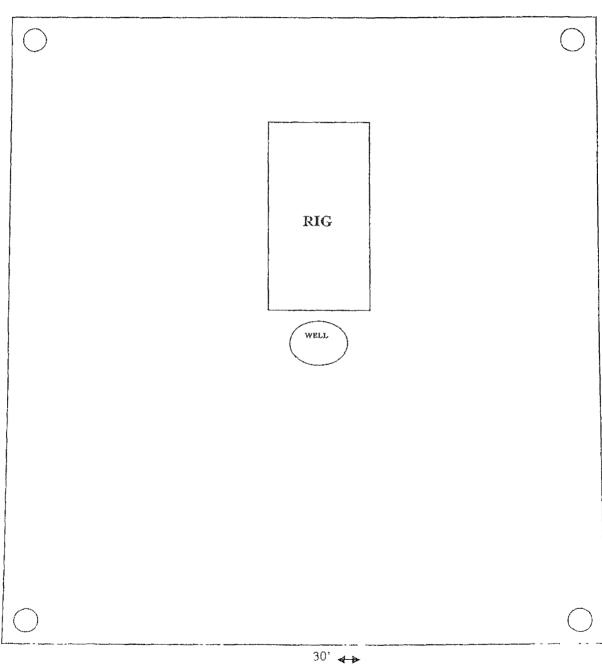
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NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

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.

## C-144CLEZ P&A Attachment RIG LAY-OUT



STEEL PIT