



Oxy USA Inc.
1600 Gehrig Drive
Midland, TX 79706

October 1, 2025

State of New Mexico
Energy, Minerals, and Natural Resources Department
Oil Conservation Division, District II
811 S. First St.
Artesia, NM 88210

Re: Red Tank Recycling Facility and East Containment (1RF-435) C-147 Annual Registration Extension

To Whom It May Concern,

Oxy USA Inc. submits the enclosed C-147 form and summary of monthly containment and leak detection inspections for the Red Tank Recycling Facility and East Containment (1RF-435). In accordance with NMAC 19.15.34.10 RECYCLING CONTAINMENTS, Oxy USA Inc. requests a one-year permit extension for the above-mentioned facility, valid from November 4, 2025, through November 4, 2026.

Included with this submittal is a summary of the monthly inspections, including the monitoring of the leak detection system, showing the containment's integrity has not been compromised, from the previous registration renewal to the present. For original site plans and supporting documents, please refer to the facility's original permit application, OCD Registration number 1RF-433.

Should you have any questions or require additional information, please contact me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Steinmann", with a long horizontal flourish extending to the right.

Justin Steinmann
ADVISOR ENVIRONMENTAL
ORCM ENVIRONMENTAL
OXY USA INC.

✉ Justin_Steinmann@oxy.com

☎ (713) 350-4633

State of New Mexico
Energy Minerals and Natural Resources
Department Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505
<https://www.emnrd.nm.gov/ocd/ocd-e-permitting/>

Form C-147
Revised October 11, 2022

Recycling Facility and/or Recycling Containment

Type of Facility: ☐ Recycling Facility ☒ Recycling Containment*

Type of action: ☐ Permit ☐ Registration
☐ Modification ☒ Extension Annual Registration Extension 11/4/2025-11/4/2026
☐ Closure ☐ Other (explain) _____

*** At the time C-147 is submitted to the division for a Recycling Containment, a copy shall be provided to the surface owner.**

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: OXY USA, Inc. (For multiple operators attach page with information) OGRID #: 16696
Address: 1600 Gehrig Dr., Midland, TX 79706
Facility or well name (include API# if associated with a well): Red Tank Recycling Facility and East Containment
OCD Permit Number: 1RF-435 (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr N Section 30 Township 22S Range 33E County: Lea
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.

☒ **Recycling Facility:**

Location of recycling facility (if applicable): Latitude 32.360117 Longitude -103.612596 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.*

☒ Fluid Storage

☒ Above ground tanks ☒ Recycling containment ☐ Activity permitted under 19.15.17 NMAC explain type _____

☐ Activity permitted under 19.15.36 NMAC explain type: _____ ☐ Other explain _____

☐ For multiple or additional recycling containments, attach design and location information of each containment

☐ **Closure Report (required within 60 days of closure completion):** ☐ Recycling Facility Closure Completion Date: _____

3.

☒ **Recycling Containment:** Red Tank East Containment (1RF-435)(U/L: N, Section 30, T22S, R33E, Lea County)

☒ Annual Extension after initial 5 years (attach summary of monthly leak detection inspections for previous year)

Center of Recycling Containment (if applicable): Latitude 32.358156 Longitude -103.612579 NAD83

☐ For multiple or additional recycling containments, attach design and location information of each containment

☒ Lined ☒ Liner type: Thickness 60 mil ☐ LLDPE ☒ HDPE ☐ PVC ☐ Other _____

☐ String-Reinforced

Liner Seams: ☒ Welded ☐ Factory ☐ Other _____ Volume: 392,470 bbl Dimensions: L 434.6' x W 557.9' x D 29.4'

☐ Recycling Containment Closure Completion Date: _____

4.

Bonding:

- ☒ Covered under bonding pursuant to 19.15.8 NMAC per 19.15.34.15(A)(2) NMAC (These containments are limited to only the wells owned or operated by the owners of the containment.)
- ☐ Bonding in accordance with 19.15.34.15(A)(1). Amount of bond \$ _____ (work on these facilities cannot commence until bonding amounts are approved)
- ☐ Attach closure cost estimate and documentation on how the closure cost was calculated.

5.

Fencing:

- ☒ Four foot height, four strands of barbed wire evenly spaced between one and four feet
- ☐ Alternate. Please specify _____

6.

Signs:

- ☒ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
- ☐ Signed in compliance with 19.15.16.8 NMAC

7.

Variances:

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.

8.

Siting Criteria for Recycling Containment

Instructions: The applicant must provide attachments that demonstrate compliance for each siting criteria below as part of the application. Potential examples of the siting attachment source material are provided below under each criteria.

General siting**Ground water is less than 50 feet below the bottom of the Recycling Containment.**

NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☒ No
☐ NA

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

☐ Yes ☒ No
☐ NA

- Written confirmation or verification from the municipality; written approval obtained from the municipality

Within the area overlying a subsurface mine.

☐ Yes ☒ No

- Written confirmation or verification or map from the NM EMNRD-Mining and Minerals Division

Within an unstable area.

☐ Yes ☒ No

- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; topographic map

Within a 100-year floodplain. FEMA map

☐ Yes ☒ No

Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse, or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).

☐ Yes ☒ No

- Topographic map; visual inspection (certification) of the proposed site

Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.

☐ Yes ☒ No

- Visual inspection (certification) of the proposed site; aerial photo; satellite image

Within 500 horizontal feet of a spring or a fresh water well used for domestic or stock watering purposes, in existence at the time of initial application.

☐ Yes ☒ No

- NM Office of the State Engineer - iWATERS database search; visual inspection (certification) of the proposed site

Within 500 feet of a wetland.

☐ Yes ☒ No

- US Fish and Wildlife Wetland Identification map; topographic map; visual inspection (certification) of the proposed site

9.

Recycling Facility and/or Containment Checklist:

Instructions: Each of the following items must be attached to the application. Indicate, by a check mark in the box, that the documents are attached.

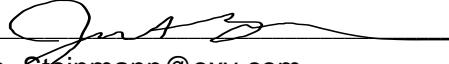
- ☒ Design Plan - based upon the appropriate requirements.
- ☒ Operating and Maintenance Plan - based upon the appropriate requirements.
- ☒ Closure Plan - based upon the appropriate requirements.
- ☒ Site Specific Groundwater Data -
- ☒ Siting Criteria Compliance Demonstrations -
- ☒ Certify that notice of the C-147 (only) has been sent to the surface owner(s)

10.

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): Justin Steinmann Title: Advisor Environmental

Signature:  Date: 10/01/2025

e-mail address: Justin.Steinmann@oxy.com Telephone: 713-350-4633

11.

OCD Representative Signature: Victoria Venegas Approval Date: 11/03/2025

Title: Environmental Specialist OCD Permit Number: 1RF-435

☒ OCD Conditions _____

☒ Additional OCD Conditions on Attachment

Venegas, Victoria, EMNRD

From: Venegas, Victoria, EMNRD
Sent: Monday, November 3, 2025 3:12 PM
To: justin_steinmann@oxy.com
Subject: 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044]
Attachments: C-147 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] 11.03.2025.pdf

1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044]

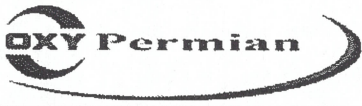
Good afternoon Mr. Steinmann.

NMOCD has reviewed the registration/permit extension request for 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] received from [16696] OXY USA INC on 10/01/2025, Application ID **511164**. The registration/permit extension request is approved with the following conditions of approval:

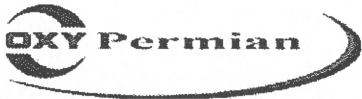
- The 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] is approved for one (1) year of operation from the date of the previous registration/permit expiration date of November 04, 2025. The new registration/permit expiration date is November 04, 2026.
- [16696] OXY USA INC will continue to operate, maintain, and close the 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] in compliance with 19.15.34 NMAC, to include but not limited to the performance of weekly inspections regardless of fluid levels in the containment; recording of detailed inspection reports; removal of debris, foreign objects and oil from the containment; and monthly reporting of recycling and reuse of produced water, drilling fluids, and liquid oil field waste via from C-148.
- [16696] OXY USA INC will maintain a liquid level in the containment that is at least equal to the weight of the liner plus 20%. [16696] OXY USA INC may maintain a higher liquid level if they choose.
- If less than 20% of the total fluid capacity is utilized every consecutive six months, operation of the facility is considered ceased and notification of cessation of operations should be sent electronically to OCD Online. An extension to extend the cessation of operations, not to exceed six months, may be submitted using a C-147 form through the OCD Online system.
- However, if after this 6-month period, the containment was not utilized at a minimum of 20% fluid capacity, no additional extensions would be granted, and the operator would be directed to remove all fluids and proceed with the closure requirements.
- The recycling containment is bonded pursuant to 19.15.8 NMAC per 19.15.34.15(A)(2) NMAC. Water reused and recycled from 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] is limited to wells owned or operated by [16696] OXY USA INC.
- A minimum of 3-feet freeboard must be maintained in the recycling containment at all times.
- [16696] OXY USA INC will comply with 19.15.29 NMAC Releases in the event of any release of produced water or produced water or other oil field wastes at 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044]. [16696] OXY USA INC will comply with all other OCD rules.
- [16696] OXY USA INC must perform weekly inspections of the containment and leak detection system.
- If [16696] OXY USA INC wishes to extend the registration/permit past November 04, 2026, a registration/permit extension request must be submitted to OCD. Extension requests are reviewed on a case-by-case basis and evaluated on their merit. Extensions are considered for a maximum length of one year. Additional requests must be submitted to OCD through the OCD Online on a Form C-147 as an Extension request and should include a formal extension request letter, a summary of the prior registration/permit period inspection reports, and the copies of the detailed inspection records for the prior permit period. The extension request should be submitted no later than October 04, 2026.

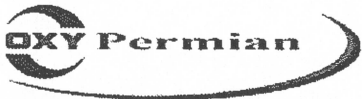
Please let me know if you have any further questions or concerns.
Regards,

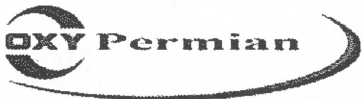
Victoria Venegas • Senior Environmental Scientist
EMNRD - Oil Conservation Division
506 W. Texas Ave. Artesia, NM 88210
575.909.0269 | Victoria.Venegas@emnrd.nm.gov

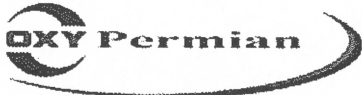
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|--|-----------|--|--------------------------------------|----------|
|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | | Marcos Montano <i>Marcos Montano</i> | |
| | | | Date/Time: 08-2024 | |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | | ID #1RF-435 POND 3 | | |

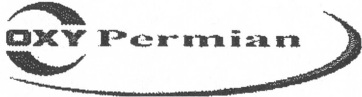
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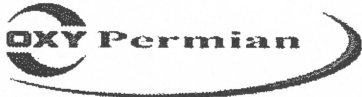
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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): JESSICA FRANKLIN <i>Jessica Franklin</i> | | | | Date/Time: 9-2024 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
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| Additional Comments (including any equipment not checked off): | ID #1RF-435 POND 3 | | | |


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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | Marcos Montano <i>Marcos Montano</i> | | Date/Time: 10-2024 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
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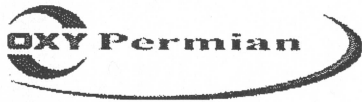
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| Work Order No: | | | | |
| Inspected by (name and signature): | | | Marcos Montano <i>Marcos Montano</i> | |
| Date/Time: | | | 11-2024 | |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
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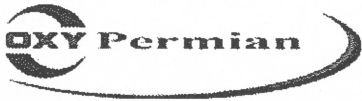
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| Work Order No: | | | | |
| Inspected by (name and signature): | | Marcos Montano <i>Marcos Montano</i> | | Date/Time: 12-2024 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
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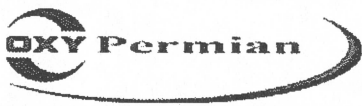
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|--|-----------------------|--|----------|--------------------|
|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | Marcos Montano <i>Marcos Montano</i> | | Date/Time: 01-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | Marcos Montano <i>Marcos Montano</i> | | Date/Time: 02-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | Marcos Montano <i>Marcos Montano</i> | | Date/Time: 03-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | | Marcos Montano <i>Marcos Montano</i> | Date/Time: 04-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID #1RF-435 POND 3 | | | |

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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | | Marcos Montano <i>Marcos Montano</i> | |
| | | | Date/Time: 05-2025 | |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID #1RF-435 POND 3 | | | |

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|--|-----------------------|--|--------------------------------------|----------|
|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): | | | Marcos Montano <i>Marcos Montano</i> | |
| | | | Date/Time: 06-2025 | |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID #1RF-435 POND 3 | | | |

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|--|----------------------|--|----------|--------------------|
|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): Nathaniel Martinez <i>Nathaniel Martinez</i> | | | | Date/Time: 07-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID#1RF-435 POND 3 | | | |

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|--|----------------------|--|----------|--------------------|
|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): Nathaniel Martinez <i>Nathaniel Martinez</i> | | | | Date/Time: 08-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID#1RF-435 POND 3 | | | |

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|  | | <h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p> | | |
| Work Order No: | | | | |
| Inspected by (name and signature): Nathaniel Martinez <i>Nathaniel Martinez</i> | | | | Date/Time: 09-2025 |
| Review of Prior Corrections | Yes | No | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted? | X | | | |
| Equipment Description | Yes or No | Working condition? (Good / Needs Repairs) | Comments | |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES | GOOD | | |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage). | YES | GOOD | | |
| Are there any dead migratory birds and other wildlife inside pond/treated water?* | NO | GOOD | | |
| Are the sources and disposition of all recycled water recorded?** | YES | GOOD | | |
| <p>* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring</p> <p>** Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148</p> | | | | |
| Additional Comments (including any equipment not checked off): | ID#1RF-435 POND 3 | | | |

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 511164

CONDITIONS

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|--|---|
| Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294 | OGRID: 16696 |
| | Action Number: 511164 |
| | Action Type: [C-147] Water Recycle Long (C-147L) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|---|----------------|
| vvenegas | The 1RF-435 - RED TANK RECYCLING FACILITY & CONTAINMENTS FACILITY ID [FOY1830836044] is approved for one (1) year of operation from the date of the previous registration/permit expiration date of November 04, 2025. The new registration/permit expiration date is November 04, 2026. If [16696] OXY USA INC wishes to extend the registration/permit past November 04, 2026, a registration/permit extension request must be submitted to OCD no later than October 04, 2026. | 11/3/2025 |