District IState of New MexicoForm C-1471625 N. French Dr., Hobbs, NM 88240Energy Minerals and Natural ResourcesRevised March 31, 2015District IIDepartmentDepartment811 S. First St., Artesia, NM 88210Oil Conservation DivisionDistrict IIIOil Conservation Division1000 Rio Brazos Road, Aztec, NM 874101220 South St. Francis Dr.District IVSanta Fe, NM 875051220 S. St. Francis Dr., Santa Fe, NM 87505Santa Fe, NM 87505		
Recycling Facility and/or Recycling Containment         Type of Facility: Recycling Facility         Recycling Containment*		
Type of action:     Permit     Registration       Modification     Extension       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.		
I.         Operator:       Chevron U.S.A. Inc.         (For multiple operators attach page with information) OGRID #: 4323         Addresse       1400 Smith Street Houston TX 77002		
Address: <u>1400 Smith Street. Houston TX 77002</u>		
Facility or well name (include API# if associated with a well):       Salado Draw T26S R32E Sections 13 and 23 Recycling Facility & Containment         OCD Permit Number:		
U/L or Qtr/Qtr A Section 23 Township 26 South Range 32 East County: Lea		
Surface Owner: State Private Tribal Trust or Indian Allotment		
2. X <u>Recycling Facility:</u> (Location: U/L M, Section 13, T26S, R32E) Location of recycling facility (if applicable): Latitude <u>32.036234</u> Longitude <u>-103.636212</u> NAD: □1927 X 1983		
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:		
Recycling Containment:       (Location: U/L A, Section 23, T26S, R32E)		
Annual Extension after initial 5 years (attach summary of monthly leak detection inspections for previous year)		
Center of Recycling Containment (if applicable): Latitude <u>32.033156</u> Longitude <u>-103.639194</u> NAD: <u>1927</u> 1983 For multiple or additional recycling containments, attach design and location information of each containment		
$\square$ For multiple of additional recycling containments, attach design and location information of each containment		
String-Reinforced		
Liner Seams: 🛛 Welded 🗌 Factory 🖾 Other <u>Field</u> Volume: <u>698,060</u> bbl Dimensions: L <u>925'</u> x W <u>700'</u> x D <u>23'</u>		
Recycling Containment Closure Completion Date:		

# **Bonding**:

4.

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.

### Fencing:

5.

Four foot height, four strands of barbed wire evenly spaced between one and four feet

Alternate. Please specify Eight foot chain link fence with three stands of barbed wire on top.

# Signs:

б.

8

🛛 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers

Signed in compliance with 19.15.16.8 NMAC

### 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:

 $\boxtimes$  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.

# 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**

□ Ycs ⊠ No □ NA
□ Yes ⊠ No □ NA
🗌 Yes 🛛 No
🗋 Yes 🛛 No
🗌 Yes 🛛 No
Yes No
🗌 Yes 🛛 No
🗌 Yes 🛛 No
🗌 Yes 🛛 No

### **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)

#### **Operator Application Certification:**

10.

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): David W. Macurdy Signature: David W. Macurdy e-mail address: david.macurdy@sharron.com	Title:         HES Support Supervisor           Date:         12/16/2016           Telephone:         713-372-3259
11. OCD Representative Signature:	Approval Date: 12/16/16
Title: Hydrologist	OCD Permit Number: 1RF-11 1RC-11
<ul> <li>OCD Conditions</li> <li>Additional OCD Conditions on Attachment</li> </ul>	fTO170614873 pTO170614891