

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

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

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.

RECEIVED  
Closed-Loop 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 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.

1.  
Operator: OXY USA WTP LP OGRID #: 16696  
Address: PO BOX 50250 - Midland, TX 79710  
Facility or well name: East Eumont Unit 201  
API Number: 30-025-40937 OCD Permit Number: N/A P1-05644  
U/L or Qtr/Qtr M Section 3 Township 19S Range 37E, NMPM County: Lea  
Center of Proposed Design: Latitude N 32.6855176° Longitude W 103.2472568° NAD: ☒ 1927 ☐ 1983  
Surface Owner: ☐ Federal ☒ State ☐ Private ☐ Tribal Trust or Indian Allotment

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 or ☒ Haul-off Bins

3.  
Signs: Subsection C of 19.15.17.11 NMAC  
☒ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  
☒ Signed in compliance with 19.15.3.103 NMAC

4.  
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 attached.  
☒ 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: \_\_\_\_\_

5.  
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 identify 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. R360 Disposal Facility Permit Number: R9166 NM-01-0006  
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

6.  
Operator Application Certification:  
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  
Name (Print): Anthony Tschacher Title: Drilling Engineer  
Signature: [Signature] Date: 1/3/13  
e-mail address: anthony\_tschacher@oxy.com Telephone: (713) 985-6949

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)  
OCD Representative Signature: [Signature] Approval Date: 1-29-2013  
Title: Dist. MGR OCD Permit Number: P1-05644

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC  
*Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.*  
☐ Closure Completion Date: \_\_\_\_\_

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**  
*Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than 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 in areas that *will not* be used for future service and operations?  
☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No  
*Required for impacted areas which will not be used for future service and operations:*  
☐ Site Reclamation (Photo Documentation)  
☐ Soil Backfilling and Cover Installation  
☐ Re-vegetation Application Rates and Seeding Technique

10. **Operator Closure Certification:**  
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.  
Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_



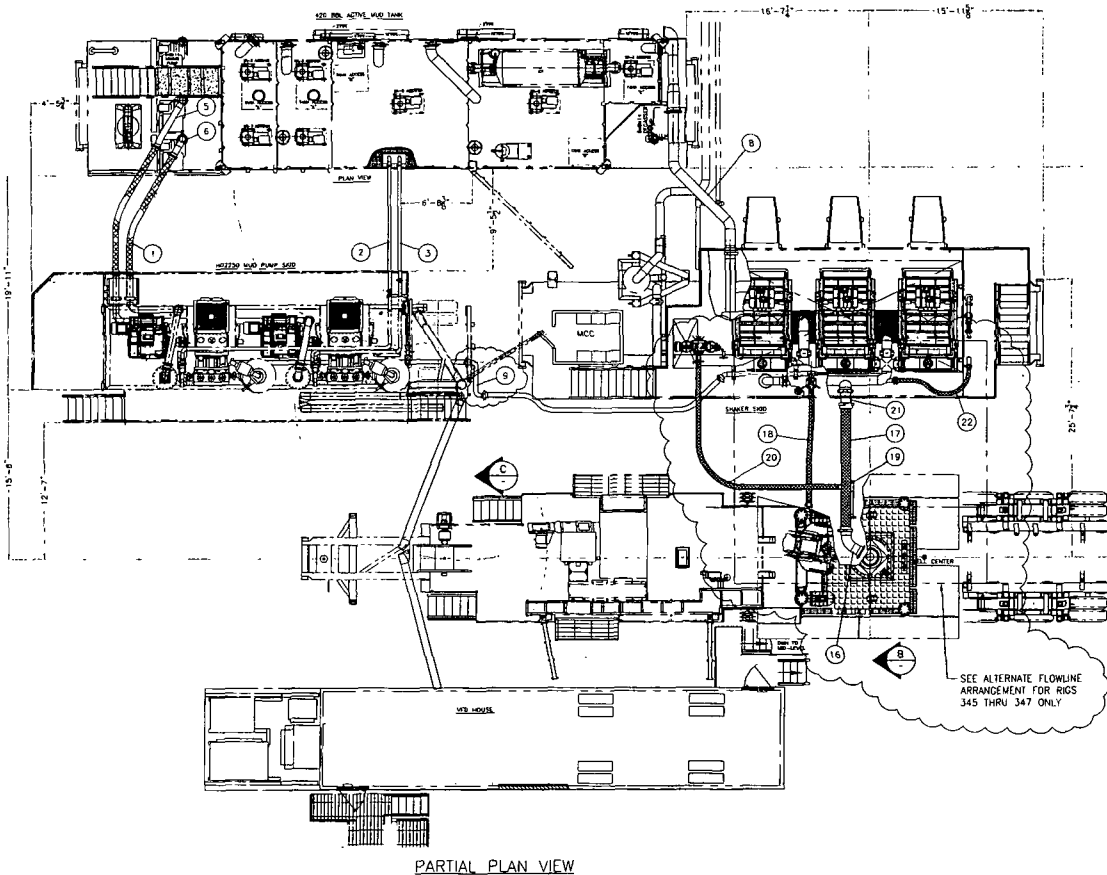
New Mexico Drilling Daily Circulating System Inspection  
For Closed Loop Systems

Wellname:		Permit #:		Rig Mobe Date:	
County:				Rig Demobe Date:	

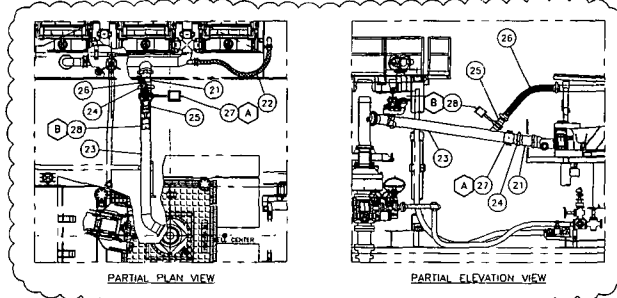
Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pumps not contained?* Explain.	Has any hazardous waste been disposed of in system?

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.

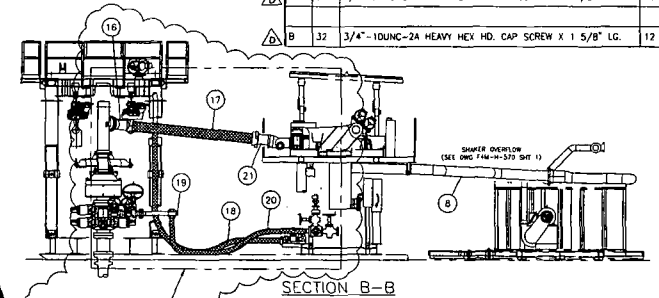


PARTIAL PLAN VIEW



ALTERNATE FLOWLINE ARRANGEMENT  
(FOR RIGS 345 THRU 347 ONLY)

**ISSUED FOR FABRICATION**  
October-23-2008  
DRAFTSMAN  
ENGINEER



SECTION B-B

BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
1	2	LOW PRESSURE SPOOL #1	MF4M-H-570.01F	239
2	1	POP-OFF/BLEED SPOOL #1	MF4M-H-570.01A	157
3	1	POP-OFF/BLEED SPOOL #2	MF4M-H-570.01B	140
4		DELETED		
5	1	LOW PRESSURE SUCTION SPOOL #1	MF4M-H-570.01D	199
6	1	LOW PRESSURE SUCTION SPOOL #2	MF4M-H-570.01H	101
7	1	HOSE-HIGH PRESSURE	MF4M-H-570.01G	276
8	1	OVERFLOW RETURN SPOOL	MF4M-H-561.05A	678
9	1	MUD PUMP/SHAKER SPOD SPOOL	MF4M-H-570.01E	181
10	22FT	1S 1 1/2x1 1/2x3/16 (A500)		150
11	1	POP-OFF PIPE HANGER SUPPORT	MF4M-H-570.01C	30
12	1	L3x3x1/4 (1'-6" LG) (A36)		7
13	1	L3x3x1/4 (1'-6" LG) (A36)		7
14	1	PLATE, 1/4" THK. 4x2'-3 1/4" (A36)		8
15	1	L3x3x1/4 (4'-11 3/4" LG) (A36)		25
16	1	SHAKER FLOWLINE	MF4M-H-562.02A	230
17	1	SHAKER FLOWLINE	MF4M-H-562.02B	281
18	1	HOSE	MF4M-H-561.03C	
19	1	SPOOL #1	MF4M-H-564.02A	182
20	1	HIGH PRESSURE HOSE, 3" I.D. x 29'-0" LG. WITH 3 1/8" - 5W FLANGED ENDS	PRIDEMO REALITY	
21	1	SHAKER FLOWLINE	MF4M-H-562.02C	73
22	1	SHAKER SPOOL	MF4M-H-562.03B	177

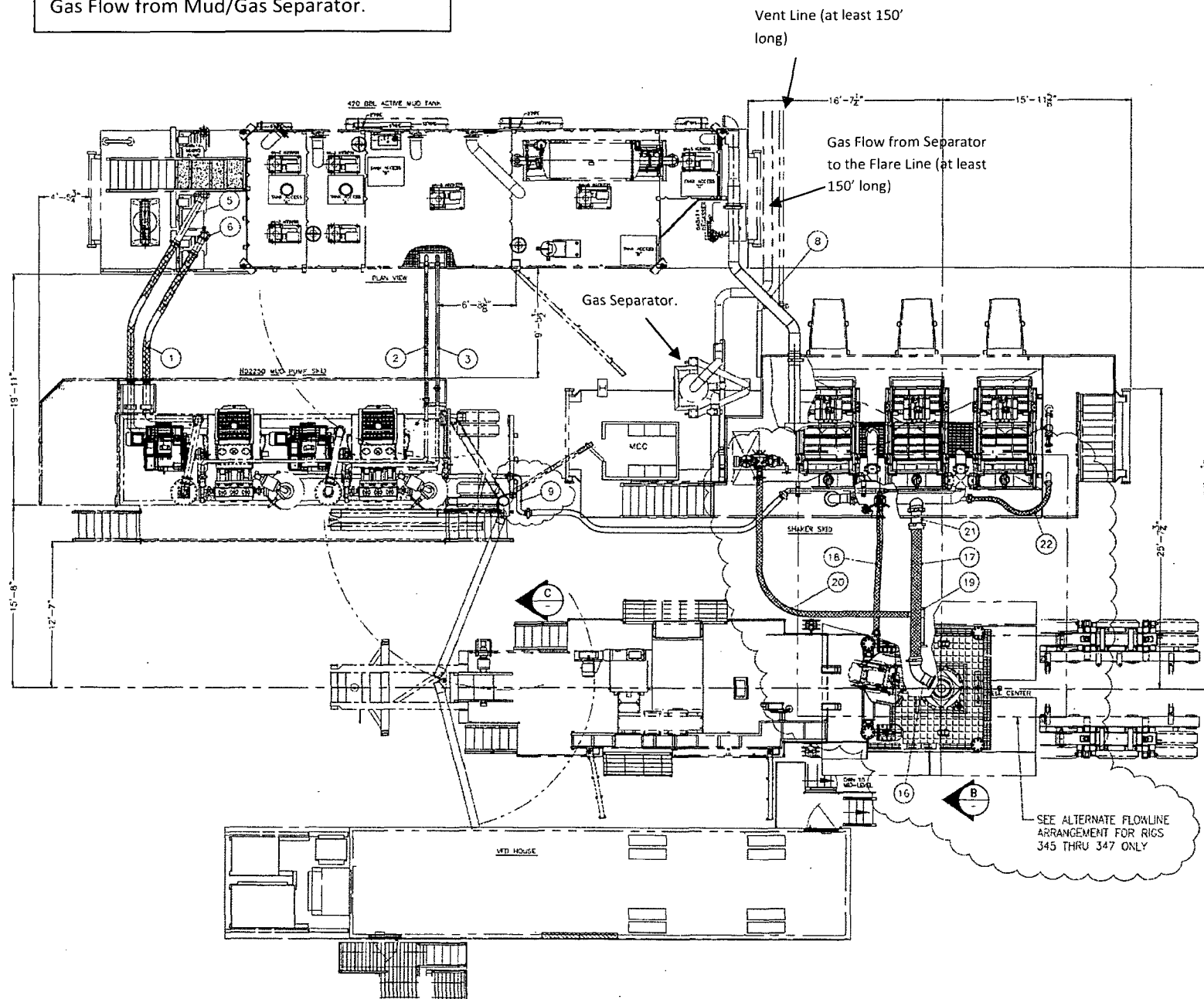
RIGS 345 - 347 ONLY BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
23	1	SHAKER FLOWLINE	MF4M-H-563-04A	656
24	1	SHAKER FLOWLINE	MF4M-H-569-04B	118
25	1	SHAKER FLOWLINE	MF4M-H-563-04C	67
26	1	SHAKER FLOWLINE HOSE	MF4M-H-569-04D	77
27	1	FABRI - 10" AIR ACTUATED KNIFE GATE VALVE		66
28	1	FABRI - 6" AIR ACTUATED KNIFE GATE VALVE		52
HARDWARE				
A	24	7/8"-9UNC-2A HEAVY HEX HD. CAP SCREW X 2 1/8" LG.		18
B	32	3/4"-10UNC-2A HEAVY HEX HD. CAP SCREW X 1 5/8" LG.		12

THESE ITEMS REPLACE ITEMS 16 & 17

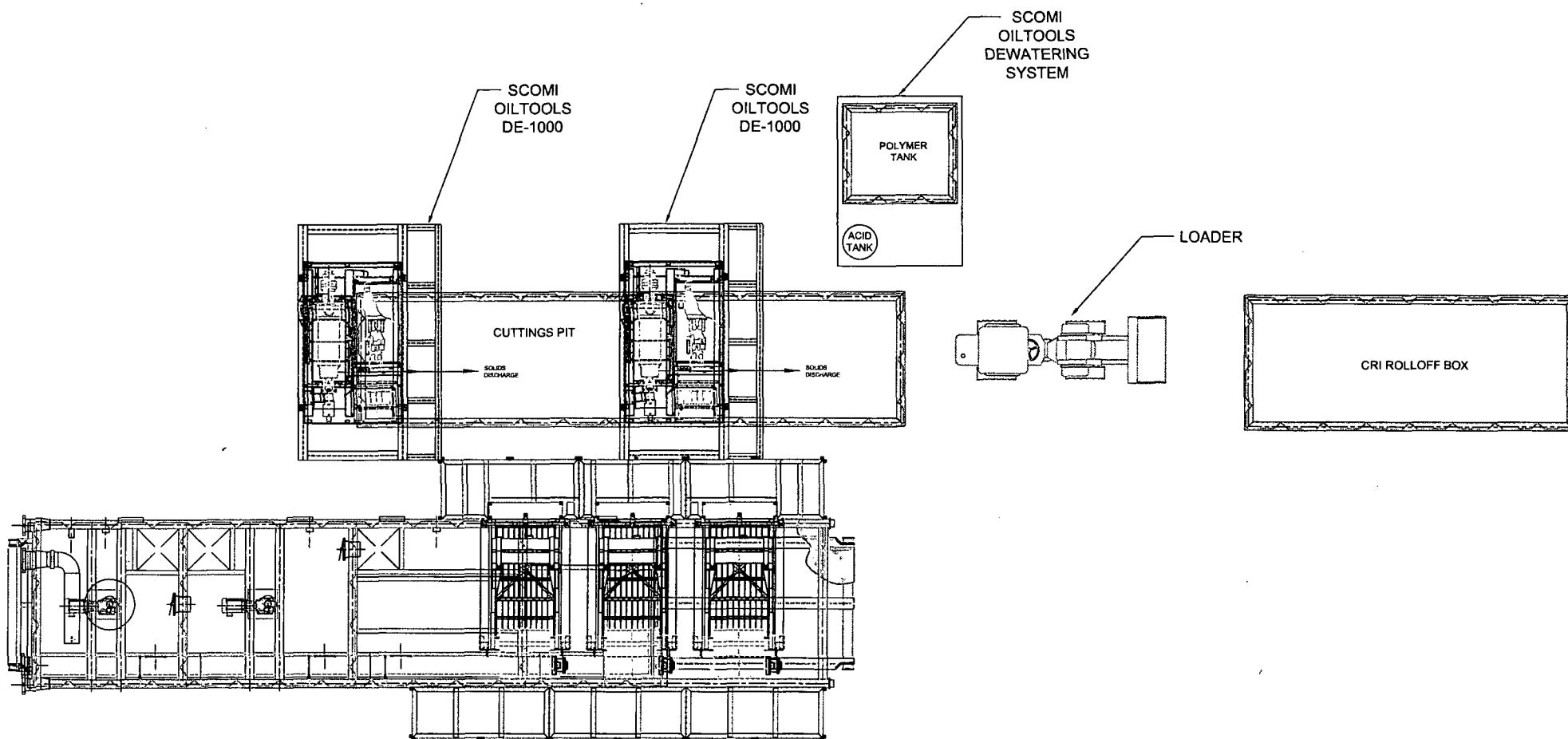
<b>HELMERICH &amp; PAYNE</b> INTERNATIONAL DRILLING CO.	
TITLE: MUD SYSTEM INTERCONNECT PIPING ASSEMBLY	
CUSTOMER: OXY PERMIAN	
PROJECT: F4M	
DRAWN: DJOHNSON	DATE: 07/08/08
SCALE: 3/16"=1'-0"	SHEET: 1 OF 2
REV:	BY:

**PROPRIETARY**  
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# Gas Flow from Mud/Gas Separator.



BILL OF MATERIAL				
ITEM	QTY.	DESCRIPTION	LENGTH	WEIGHT



					1. ALL STRUCTURAL MATERIAL SHALL BE ASTM - A36. 2. ALL PIPE SCH. 40 MATERIAL SA 106 Gr. B. 3. ALL FLANGES SHALL BE SCH. 150S & MATERIAL SA 106. 4. ALL FITTINGS SCH. 40 MATERIAL SHALL BE SA 234 Gr. WPB. 5. TANK FABRICATION SHALL BE IN ACCORDANCE WITH API-650.	TITLE : <b>CLOSED LOOP SYSTEM BASIC LAYOUT OXY - H&amp;P - FLEX 4 M</b>		<b>Scomi</b> 581 N. Ross Mountain Parkway East, Suite 200, Brentwood, Tenn 37069 PHONE: (615)-888-8018, FAX: (615)-888-8808	
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						APPROVED	DATE	SCALE NTS	ASG D
								JOB NO.	DRAWING NO. 521S-027

# OXY FLEX IV PAD (Closed Loop System)

Revised 05/14/2004

