

District I
1625 N. French Dr., L-858, NM 87240
District II
1001 W. Grand Avenue, Artes, NM 88210
District III
1006 Rio Brazos Blvd., 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 CLLZ
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 NMOC District Office

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 CLLZ) 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. UGRID # 16696
 Address P.O. Box 4294, Houston, TX 77210
 Facility or well name BEAR 27 STATE #001
 API Number 30-025-40200 OCD Permit Number ~~HT220~~ PI-03518
 U/I or Qtr/Qn P Section 27 Township 16S Range 30E County LEA
 Center of Proposed Design Latitude 32.886613 Longitude 103.7462700 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
 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 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 _____

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 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 on impacted areas which will not be used for future service and operations
 Soil, Slickfill and Closure Design Specifications -- based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
 Revegetation Plan -- based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
 Site Remediation 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 this application is true, accurate and complete to the best of my knowledge and belief.
 Name (Print) JEREMIE ROBINSON Title SR. REGULATORY ANALYST
 Signature [Signature] Date 7/11/11
 e-mail address JEREMIE - ROBINSON@OXY.COM Telephone 713-366-5360

AUG 11 2011

7
OCD Approval: Permit Application (including closure plan) Closure Plan (only)

OCD Representative Signature: _____

Approval Date: 07/26/11

Title: _____

PETROLEUM ENGINEER

OCD Permit Number: _____

P1-03518

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 _____

