All S. Ens. A. Ansis, M. Mellan, M. M. M. M. M. Langer, S. A. Areis, M. Sello, M. M. Langer, S. A. Areis, M. Sello, M. M. M. M. Langer, S. A. Areis, M. Sello, M. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, South S. S. Trancis, Dr. Sanka J. C. M. Sello, J. Sello, J. Sello, J. Sello, Sello, J. Sello, J. Sello, J. Sello, Se	1625 N. French Dr., Hobbs, NM 88240 HORRe Energy Minerals an	ew Mexico d Natural Resource	S Form C-144 CLEZ Revised August 1, 2011
Status Ye, TWI 07:000 Closed Lobo System Permit or Closure Plan Application (that only use above ground steel tanks or haul-off big rand purpose to implement waste removal for closure) Type of action. Type of action. Type of action. Type of action. Closure Instructions: Please submit one application (ToP on Viet Closure Please submit Form Cl-14 (LED) or individual decidual groups with regat. For any application request white Form Cl-14 (LED) or individual decidual construmt regat. For any application request white Form Cl-14 (LED) or individual decidual construmt regat. For any application request white Form Cl-14 (LED) or individual decidual construmt waster removal for closure, please, incode the construmt of the application request white Form Cl-14 (LED) or individual decidual construmt. Net decide approxemental suborty-structs, regulations of non-constructs. Net decide application requests for a closure please submit a form and individual former intervent. Net decide application 17, 77210–4294 Formit an Lt-d. OCRD constructs. Point Decide Closure Please Subortion PD Township 16-5 Range 38-E County: Lea Contry: Lea </td <td>811 S. First St., Artesia, NM 88210DepartDistrict III1000 Rio Brazos Road, Aztec, NM 87410JAN 11 2013District IV1220 South S</td> <td>tion Division t. Francis Dr.</td> <td>For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit</td>	811 S. First St., Artesia, NM 88210DepartDistrict III1000 Rio Brazos Road, Aztec, NM 87410JAN 11 2013District IV1220 South S	tion Division t. Francis Dr.	For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit
Item only use above granul stell tanks at hand-off byg and request to implement waste removed for closure? Parametion: Please shall one application (From C.1M CEE) per infinition closed byg mystem remeet. For any application present when them for a closed byg mystem that appends of himse please shall be the second of the tank of the second of the responsibility to comply with any other applicable governmental automaty endow for the second of the responsibility to comply with any other applicable. Operator OCCIDENTLA OCCIDENTLA OCCIDENTLA Address P.O. Box 4294, Houston, TX 77210-4294 OCRID #: 157984 Facility or well name: North Hobbs 6/SA Duff, No. 945 OCC Permit Number: PL-DE5733 U.o. Optroff H Section 19 Township 18-5 Range 38-E County Lea Via Optroff H Section 19 Township 18-5 Range 38-E County Lea Stratee Owner: Folderal Strate Private Tribut Attact at attact attacttac	Santa TC,		· · · · · · · · · · · · · · · · · · ·
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numerone.tl. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority-roles, regulations or outlinances. it Operator: Occ idential Permian Ltd. OGRID #: 157984 Address: P.O. Box 4294, Houston, TX 77210-4294 Facility or well ame: North Hobbs 6 (7.84 Unit No. 945 API Number: 30-025-40859 OCD Permit Number: Pit - DE 593 UK of UrOte H Section 19 Township 18-5 Center of Proposed Design: Limited 32.7336154 N Longitude 103.1322553 W NAD: [2]1927 1983 Surface Owner: Crederal State [] Private] Tribal Trust or Indian Allotment 103.1322553 W NAD: [2]1927 1983 Surface Owner: Crederal [] State [] Private] Tribal Trust or Indian Allotment 10 10 13322553 W NAD: [2]1927 1983 Surface Owner: Crederal [] State [] Private] Tribal Trust or Indian Allotment 10 10 14 10 14 10 14 10 14 10 14 10 14 10 15 17 18 12 12 12 12 12 12 12 12 12 12	closed-loop system that only use above ground steel tanks or haul-off bins and	propose to implement wa	ste removal for closure, please submit a Form C-144.
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Address: P.O. Box 4294, Houston, TX 77210-4294 Facility or well name: North Robbs G/SA Unit No. 945 API Number: 30-025-40859 OCD Permit Number: Pt - Db 59(3) OLD of Ur(0) H Section 19 Township 18-8 Range 38-E County: Lea Center of Proposed Design: Latinde 32,7336154 N Longitude 103.1822553 M NAD: []] 1927<[] 1983		OGRID #	157984
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③ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC ③ 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:	Instructions: Each of the following items must be attached to the application attached.	on. Please indicate, by	
□ 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 indentify 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: Sundown Services Parabo Facility Disposal Facility Permit Number: 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 I of 19.15.17.13 NMAC 6 Operator Application Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC 6 Operator Application Certification: Name (Print): Mark Stephens Name (Print): Mark Stephens Mark_Stephens@oxy.com Title: Reephons: Operator (713) 366-5158	X Operating and Maintenance Plan - based upon the appropriate requirem	ents of 19.15.17.12 NM	1AC n C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
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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 indentify 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: Sundown Services Parabo Facility Disposal Facility Permit Number: 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: Site Reclamation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Bereator 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): Mark Stephens Title: Reg. Compliance Analyst Signature: Mark_Stephens@oxy.com Title: Ref. 21/2/13	Previously Approved Operating and Maintenance Plan API Number:		
Disposal Facility Name: Disposal Facility Permit Number: Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future service and operations? Pyes (If yes, please provide the information below) No <i>Required for impacted areas which will not be used for future service and operations:</i> Soil Backfill and Cover 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 Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC thereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Print): Mark Stephens Signature: Mark Stephens Mark_Stephens@oxy.com Telephone:	Waste Removal Closure For Closed-loop Systems That Utilize Above Greater Instructions: Please indentify the facility or facilities for the disposal of liquidation facilities are required.	uids, drilling fluids and	drill cuttings. Use attachment if more than two
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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): Mark Stephens Signature: Mark Stephens Date: 1/2/13 e-mail address: Mark Stephens@oxy.com	 Soil Backfill and Cover Design Specifications based upon the appro Re-vegetation Plan - based upon the appropriate requirements of Subset 	priate requirements of S ection I of 19.15.17.13 N	MAC
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): Mark Stephens Signature: Mark Stephens Printle: Reg. Compliance Analyst Date: 1/2/13 Mark Stephens@oxy.com Telephone: (713) 366-5158			
Name (Print): Mark Stephens Title: Reg. Compliance Analyst Signature: Mark Stephens@oxy.com Date: 1/2/13 e-mail address: Mark Stephens@oxy.com Telephone: (713) 366-5158		ccurate and complete to	the best of my knowledge and belief
Signature: Mark Stephens@oxy.com Date: 1/2/13 e-mail address: Mark Stephens@oxy.com Telephone: (713) 366-5158			
e-mail address: Mark_Stephens@oxy.com Telephone: (713) 366-5158			
PORD 1 # 144 1 PZ 1 PL D05PE03000 D04500 P0465 F017	c-mail address.		(/13) 366-5158 Page L of 2

OCD Approval: Permit Application (including closure plan)	Closure Plan (only)	· · · · · · · · · · · · · · · · · · ·
OCD Representative Signature:	ent	Approval Date: 01/16/13 P1-05593
Title:Petroleum Engineer	OCD Permit Number:	P1-05593
8. <u>Closure Report (required within 60 days of closure completion)</u> : S Instructions: Operators are required to obtain an approved closure p The closure report is required to be submitted to the division within 6 section of the form until an approved closure plan has been obtained	plan prior to implementing any closu 60 days of the completion of the closu 1 and the closure activities have been	re activities. Please do not complete this
9.		
<u>Closure Report Regarding Waste Removal Closure For Closed-loo</u> Instructions: Please indentify the facility or facilities for where the lit 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 perfor Yes (If yes, please demonstrate compliance to the items below)		ed for future service and operations?
Required for impacted areas which will not be used for future service a Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	and operations:	
10.		
Operator Closure Certification: I hereby certify that the information and attachments submitted with the belief. I also certify that the closure complies with all applicable closure		
Name (Print):	Title:	
Signature:		·
e-mail address:	Telephone:	

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New Mexico-Drilling Daily Circulating System Inspection For Closed Loop Systems

Wellname:		Permit #:	, Rig. Molee Diate:
County:	.:.• `		Rig-Demole Date:

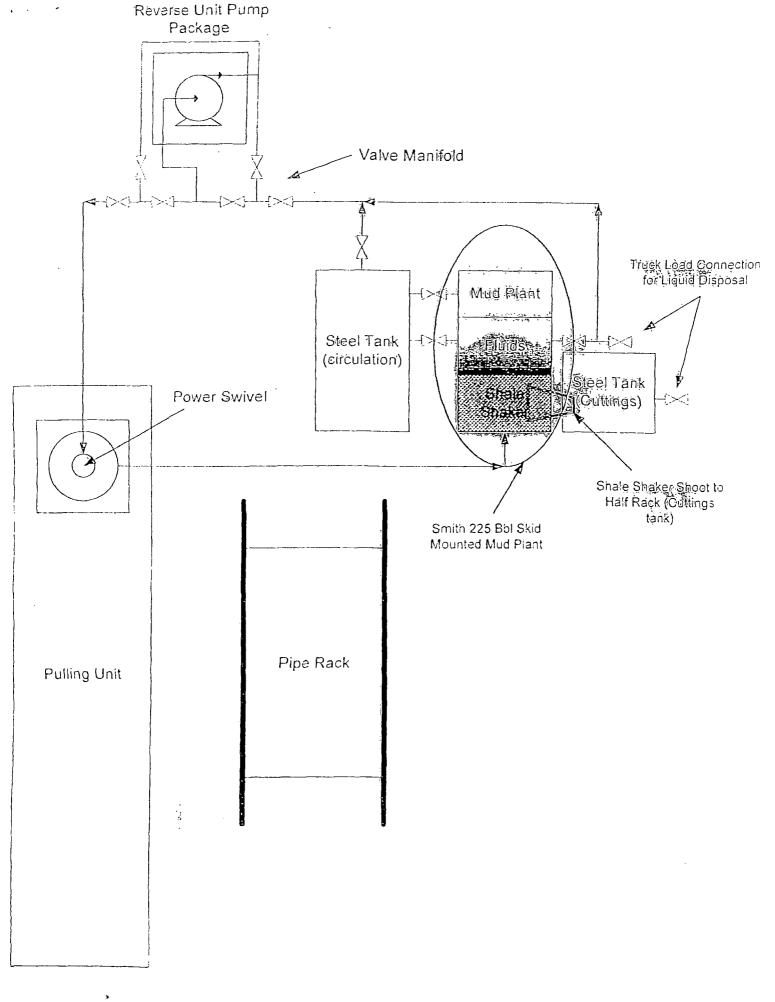
Inspection Date	Time	By≝Whom	Any-dulps or leaks from steel tanks, lines or pumps not: contained?* Explain.	ាំងនេះ angeliazandous waste-been disposed of finesystem?
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All cliculating systems to be inspected DAULY during drilling-operations. *Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

Page ____ of ____

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