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District I 1625 N. French Dr., Hobbs, NN ASTRIS OCD	State of New Mexico Energy Minerals and Natural Resources	Form C-144 CLE2 July 21, 200
District II 1301 W. Grand Avenue, Artesia, NM 88210	Department	For closed-loop systems that only use above
District III 1000 Rio Brazos Road, Aztec, NMAS7410	Oil Conservation Division	ground steel tanks or haul-off bins and propose to implement waste removal for closure submit
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Francis Dr.	to the appropriate NMOCD District Office.
RECEIVED	Salita Fe, INVI 87505	
<u>Closed-Loc</u>	op System Permit or Closure Plan	Application
(that only use above ground st	time of action: Manapropose to imple	iment waste removal for closure)
Instructions: Please submit one application (Form closed-loop system that only use above ground steel	C-144 CLEZ) per individual closed-loop system reque tanks or haul-off bins and propose to implement was	est. For any application request other than for a te removal for closure, please submit a Form C-144.
Please be advised that approval of this request does not a environment. Nor does approval relieve the operator of	relieve the operator of liability should operations result its responsibility to comply with any other applicable g	in pollution of surface water, ground water or the governmental authority's rules, regulations or ordinances
I. Operator:OXY USA WTP LP	OGRID #:	16696
Address:PO BOX 50250 - Midland, TX 7971	0	
Facility or well name: East Eumont Unit 203		· · · · · · · · · · · · · · · · · · ·
API Number: 30 025-409.	<u>39</u> OCD Permit Number:	TAP1-05646
U/L or Qtr/Qtr _ M Section _ 3	Township 19S Range 37E, NMPM	_ County: _Lea
Center of Proposed Design: Latitude _N 32.681889	95° Longitude _W 103.2470187	° NAD: 🛛 1927 🗍 1983
Surface Owner: 🔲 Federal 🛛 State 🛄 Private 🛄 🕇	Tribal Trust or Indian Allotment	
Signs: Subsection C of 19.15.17.11 NMAC ☐ 12"x 24", 2" lettering, providing Operator's nam ☐ Signed in compliance with 19.15.3.103 NMAC	ne, site location, and emergency telephone numbers	:
Closed-loop Systems Permit Application Attachm Instructions: Each of the following items must be attached.	nent Checklist: Subsection B of 19.15.17.9 NMAG attached to the application. Please indicate, by a c uirements of 19.15.17.11 NMAC n the appropriate requirements of 19.15.17.12 NMA d upon the appropriate requirements of Subsection C	C check mark in the box, that the documents are C C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Previously Approved Design (attach copy of dea	sign) API Number:	_
Previously Approved Operating and Maintenand	ce Plan API Number:	
<	s That Utilize Above Ground Steel Tanks or Hau	
Waste Removal Closure For Closed-loop System: Instructions: Please indentify the facility or facilit facilities are required.	ies for the disposal of liquids, drilling fluids and di	<u>l-off Bins Only</u> : (19.15.17.13.D NMAC) rill cuttings. Use attachment if more than two
Waste Removal Closure For Closed-loop System: Instructions: Please indentify the facility or facilit facilities are required. Disposal Facility Name: Control Recovery Ino	ies for the disposal of liquids, drilling fluids and dr R360 Disposal Facility Pe	I-off Bins Only: (19.15.17.13.D NMAC) rill cuttings. Use attachment if more than two rmit Number: <u>R9166-</u> AM -D1-DDDC
Waste Removal Closure For Closed-loop System: Instructions: Please indentify the facility or facilit facilities are required. Disposal Facility Name: Control Recovery Ine Disposal Facility Name: Sundance Landfill_ Will any of the proposed closed-loop system operati U Vrs (If yes please provide the information be	Disposal Facility Per Disposal Facility Per	I-off Bins Only: (19.15.17.13.D NMAC) rill cuttings. Use attachment if more than two rmit Number: R9166
Waste Removal Closure For Closed-loop System: Instructions: Please indentify the facility or facilit facilities are required. Disposal Facility Name: Control Recovery Ine Disposal Facility Name: Sundance Landfill Will any of the proposed closed-loop system operati Yes (If yes, please provide the information be Required for impacted areas which will not be used Soil Backfill and Cover Design Specifications Re-vegetation Plan - based upon the appropriation	Disposal Facility Per Disposal Facility Per	I-off Bins Only: (19.15.17.13.D NMAC) rill cuttings. Use attachment if more than two rmit Number:
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OCD Approval: Dermit Application (including closure plan) (only)						
OCD Representative Signature:	Approval Dates					
Title:	OCD Permit Number: <u>P1-057646</u>					
^{8.} <u>Closure Report (required within 60 days of closure completion)</u> : 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.						
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> Instructions: Please indentify 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)						
Required for impacted areas which will not be used for future service and operal Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	itions:					
10. Operation Classifications						
<u>Operator Closure Certification</u> : 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:					

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rerman A	New Mexico Drilling Daily Circulating System Inspection
	For Closed Loop Systems

Wellname:		Permit #:	Permit #: Rig		g Mobe Date:			
County:							Rig Demobe Date:	
Inspection	Date	Time	By Whom	Any drips or leaks fro contained?* Explain.	om steel tanks, lines o	r pumps not	Has any disposed	hazardous waste been of in system?
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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.

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Permian Drilling Hydrogen Sulfide Drilling Operations Plan East Eumont Unit #203

Open drill site. No homes or buildings are near the proposed location.

1. Escape

Personnel shall escape upwind of wellbore in the event of an emergency gas release. Escape can take place through the lease road on the Northeast side of the location. Personnel need to move to a safe distance and block the entrance to location. If the primary route is not an option due to the wind direction, then a secondary egress route should be taken.

