Department Dif Conservation Division Department Division Department Dif Conservation Division Department Dif Conservation Division Department Dif Conservation Division Dif Dif Division Dif		State of New Mexico Minerals and Natural Resources	Form C-144 CLEZ July 21, 2008
Closed-Loop System Permit or Closure Plan Application           (Inter only use above errormal sect lanks or haul-off have rend graphes, to implement usate removal for closure)           Type of action: "[]           Closed-Loop System request. For any application request information application of the request of hashed bias advected by system request. For any application system of the rend view above stand and bias and provose to information users remain for closure, beas subatin to for a closure place system request. For any application expanse shows are or the variance of the approved relieve the operator of flashibity to comply with any other applicable governmental authority rules, regulations or onlinence in the construction of the expansion of the expansis of the expansion of the expansion of the expansion o	District IIJAN 2 2 20131301 W. Grand Avenue, Artesia, NM 88210JAN 2 2 2013District IIIJAN 2 2 20131000 Rio Brazos Road, Aztec, NM 87410JAN 12District IV12	Department il Conservation Division 220 South St. 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
Type of action: Derived Closure Tastractions: Please submit one application (from C144 CLE2) par individual closel-loop system request. For any application request other than for a closel-loop system that only use above ground setel under so that-off the and propose to inplicable governmental authority's rules, regulations or orticate the approval effect to operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or orticate the operator. Clearing US_ACINC. OGRID #:		em Permit or Closure Plan	Application
Instructions: Places rubmits are application (Form C-14 CLE2) per individual closed-loop system request. For any application for closed-loop system request after and by account of this represent soft inhibitity should operations must are among the closure places subting Form C-14. Instance be advised that approval are ground scale and so inhabid (f) first and approach to inplantion of suffices vate; ground scale are or the inventment. Nor dos approval relies the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance by a close approval relies of the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance by a close approval relies of the operator. Operator:	(that only use above ground steel tanks of	r haul-off bins and propose to implen	
classel-loop system that only use above ground steel tanks or hand-off bins and propose to implement water removal for icourse, places sibmit a form C144.         vertices be advised that approval of this requested ose on relieve the operator of this responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance to relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance to relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance to relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance to relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance to relieve the operator of the operator ope	Туре о	of action: 🗖 Permit 🔲 Closure	
Inserve davised that approval of this request does not relieve the operator of its responsibility to comply with may other applicable governmental authority's rules, regulations or ordinance of the state of the operator of its responsibility to comply with may other applicable governmental authority's rules, regulations or ordinance of the state of			
Operator:	Please be advised that approval of this request does not relieve the op	perator of liability should operations result i	n pollution of surface water, ground water or the
Address:       15 Smith Road Midland: TX 19705         Facility or well name: CVD # 105         PI Number:	I. Operator: Chevron U.S.A. INC.	OGRID #: 24133	
Facility or well name_CVU_#103         APN Number:			
API Number:       91-05097       OCD Permit Number:       91-05097         UL or QtrQtr       E       Section       6       Township       184:5       Range       35-E       County:       Lea         Center of Proposed Design:       Latitude       Longitude       NAD:       []]][]][]][]][]][]][]       NAD:       []]][]][]][]][]][]][]][]][]][]][]][]][]		· · · ·	· ·
U/L or Qtr/Qtr       E       Section       6       Township       1815       Range       35.E       County:       Lea         Center of Proposed Design:       Latitude	Lot a part has a reaction of the bar of the	OCD Permit Number:	- 15697
Center of Proposed Design: Latitude		•	
Surface Owner:       Federal State       Private       Tribal Trust or Indian Allotment         z.       Glosed-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         Signes:       Subsection C of 19.15.17.11 NMAC       Pitting a new well       Permit or notice of intent)       P&A         Signes:       Subsection C of 19.15.17.11 NMAC       Signes:       Signed in compliance with 19.15.3.103 NMAC       Signed in compliance with 19.15.3.103 NMAC         4.       Closed-loop System 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.         Closed-loop System Plan -based upon the appropriate requirements of 19.15.17.12 NMAC       Operating and Maintenace Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 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:       Subsection C of 19.15.17.13 NMAC         Maste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D MAC)       Instructions:	Center of Proposed Design: Latitude	Longitude	NAD: 01027 0 1083
2       Cosed-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&AA         Above Ground Steel Tanks or       Haul-off Bins       Signs:       Subsection C of 19.15.17.11 NMAC         Bigns:       Subsection C of 19.15.17.11 NMAC       Signet in compliance with 19.15.3.103 NMAC         Account on planace with 19.15.3.103 NMAC       Signet in compliance with 19.15.3.103 NMAC         Account on planace with 19.15.3.103 NMAC       Subsection B of 19.15.17.19 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.         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC       Operating and Maintenance Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC         Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13 DMAC)         Instructions:       SUNDANCEINC       Disposal Facility Permit Number:	Surface Our or Design. Eathlate Drivete Tribel True	t on Indian Allotmont	NAD. [1927 [1985
<sup>Q</sup> Closed-loop System: Subsection H of 19.15.17.11 NMAC             Q Pretation: □ Drilling a new well □ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ◎ P&A <sup>Q</sup> 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             [13"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers             [13"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers             [14"s 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers             [15"x 24", 2" lettering, providing Goperator's name, site location, and emergency telephone numbers             [15"x 24", 2" lettering, providing Goperator's name, site location, and emergency telephone numbers             [16"state and the application Attachment Checklist:         Subsection B of 19.15.17.19 NMAC             [16"state and number: requirements of 19.15.17.11 NMAC             [17"state and maintenance Plan API Number:			·
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.		tion, and emergency telephone numbers	
□       Previously Approved Operating and Maintenance Plan       AP1 Number:	Instructions: Each of the following items must be attached to attached.         ☑ Design Plan - based upon the appropriate requirements o         ☑ Operating and Maintenance Plan - based upon the appropriate requirements of a statements.	of the application. Please indicate, by a co of 19.15.17.11 NMAC priate requirements of 19.15.17.12 NMA	heck mark in the box, that the documents are C
□       Previously Approved Operating and Maintenance Plan       AP1 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 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:       SUNDANCETINC       Disposal Facility Permit Number:       NM-01-003         Disposal Facility Name:       R360       Disposal Facility Permit Number:       NM-01-006         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:       NM-01-0006         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         Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC       Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Active certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.         Name (Print):       Robert Holden       Title:       AGENT         Signature:       Date:       01/-17-2012			
Disposal Facility Name:       R360       Disposal Facility Permit Number:       NM-01=0006         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         Stile 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):       Robert Holden       Title:       AGENT         Signature:       Date:       01-17-2012			
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 G of 19.15.17.13 NMAC         □       Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □       Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □       Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □       Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         □       No         ■       No			
□ 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 G of 19.15.17.13 NMAC         □ Site Reclamation 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): Robert Holden Title:AGENT         □ Signature: Date:		•	the second
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 G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the propriate requirements of Subsection G of 19.15.17.13 NMAC Interpretent of the proprise requirement of t	Will any of the proposed closed-loop system operations and ass Yes (If yes, please provide the information below) X N	sociated activities occur on or in areas tha lo	at will not be used for future service and operations?
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):	Required for impacted areas which will not be used for future s	service and operations:	
Name (Print):         Robert Holden         Title:         AGENT           Signature:         Date:         01-17-2012	Re-vegetation Plan - based upon the appropriate requirer	upon the appropriate requirements of Sub nents of Subsection I of 19.15.17.13 NM.	AC
Signature:	<ul> <li>Re-vegetation Plan - based upon the appropriate requirer</li> <li>Site Reclamation Plan - based upon the appropriate requirer</li> <li>6.</li> <li>Operator Application Certification:</li> </ul>	upon the appropriate requirements of Sub nents of Subsection I of 19.15.17.13 NM, irements of Subsection G of 19.15.17.13	AC NMAC
e-mail address:rholden@keyenergy.com Telephone:(432) 523-5155	Re-vegetation Plan - based upon the appropriate requirer     Site Reclamation Plan - based upon the appropriate requi      Operator Application Certification:     I hereby certify that the information submitted with this application	upon the appropriate requirements of Sub ments of Subsection I of 19.15.17.13 NM irements of Subsection G of 19.15.17.13 ation is true, accurate and complete to the	AC NMAC best of my knowledge and belief.
e-mail address: rholden@keyenergy.com Telephone:(432) 523-5155	Re-vegetation Plan - based upon the appropriate requirer     Site Reclamation Plan - based upon the appropriate requi      Operator Application Certification:     I hereby certify that the information submitted with this application     Name (Print):	upon the appropriate requirements of Sub ments of Subsection I of 19.15.17.13 NM irements of Subsection G of 19.15.17.13 ation is true, accurate and complete to the 	AC NMAC best of my knowledge and belief.
	Re-vegetation Plan - based upon the appropriate requirer     Site Reclamation Plan - based upon the appropriate requi      Operator Application Certification:     I hereby certify that the information submitted with this application     Name (Print):	upon the appropriate requirements of Sub ments of Subsection I of 19.15.17.13 NM, irements of Subsection G of 19.15.17.13 ation is true, accurate and complete to the Title:AGE Date:	AC NMAC e best of my knowledge and belief. ENT 01-17-2012

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)	
OCD Representative Signature: Approval Date: Approval Date:	
OCD Representative Signature:         Approval Date:         -31 - 20/3           Title:	
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 repor 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.	ſ.
Closure Completion Date:	
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 th two facilities were utilized.	an
Disposal Facility Name:	- [
Disposal Facility Name: Disposal Facility Permit Number:	_
Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> 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	
<ul> <li>10.</li> <li>Operator Closure Certification:</li> <li>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.</li> </ul>	
Name (Print):          Title:	
Signature: Date:	
e-mail address: Telephone:	

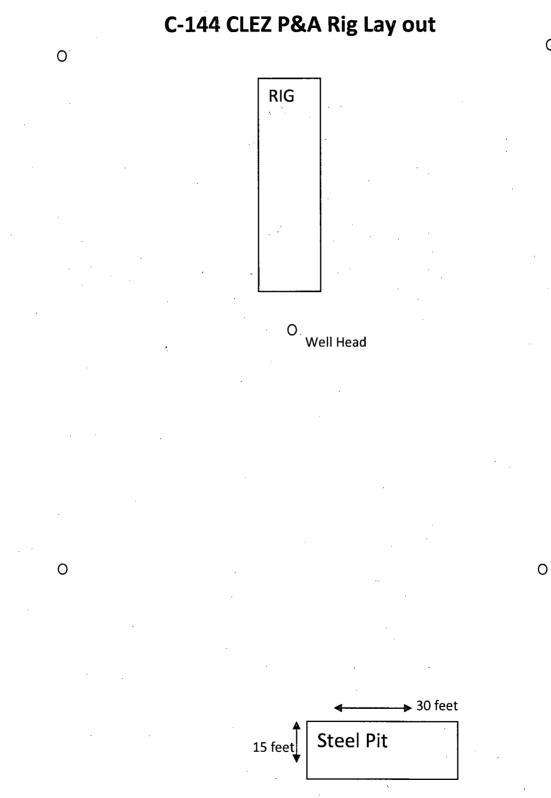
Wellname:	CVU # 105		Permit # :		Rig Mobe Date:					
County: Lea Co.		a Co:				Rig Demo	be Date:			
						•				
Inspection Date	Time	By Whom	Any drips or leaks from steel tan not contained? * Explain		nks, lines or pumps		Has any hazardous waste beer disposed of in system?			
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All 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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New Mexico Daily Circulating System Inspection - Closed loop

## CVU # 105



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