State of New Mexico

1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD Energy Minerals and Natural Resources Department

Form C-144 CLEZ Revised August 1, 2011

District 11 811 S. First St., Artesia, NM 88210

District I

District III District III 1000 Rio Brazos Road, Aztec, NM 874 To EB 0 5 2013 District IV

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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.

1220 S. St. Francis Dr., Santa Fe, NM 87505

Closed-Loop System Permit or Closure Plan Application

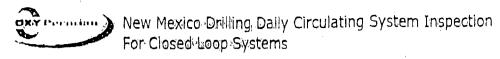
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure) Type of action: X Permit Closure

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

nvironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.							
Operator: Occidental Permian Ltd. OGRID#: 157984							
Address: P.O. Box 4294, Houston, TX 77210-4294							
Facility or well name: North Hobbs G/SA Unit No. 111							
API Number: 30-025-07077 / OCD Permit Number: P1-05729							
U/L or Qtr/Qtr D Section 30. Township 18-S Range 38-E County: Lea							
Center of Proposed Design: Latitude 32 43 28.5670 Longitude -103 11 41.0640 NAD: ☑1927 ☐ 1983							
Surface Owner: Federal State Private Tribal Trust or Indian Allotment							
2. V Closed Loop Systems - Subsection H of 10.15.17.11 NIMAC							
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 19.15.16.8 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 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: NM-01003							
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 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): Mark Stephens Title: Reg. Compliance Analyst							
Signature: Date: 1/30/13							
e-mail address: Mark_Stephens@oxy.com Telephone: (713) 366-5158							
Form C-144 CLEZ Oil Conservation Division Page 1 of 2							

OCD Approval: Permit Application (including cosure plan) Closure p	
OCD Representative Signature:	Approval Date 2 - 6 - 2013
Title: DET. MAG	Approval Date 2 - 6 - 20/3 OCD Permit Number:
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior t The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl	to implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, dril 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 Yes (If yes, please demonstrate compliance to the items below) No	in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operati Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ons:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirements.	
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:



Wellname:				Permit #:				Rig Mobe	Date:		
County:		.:.				Rig Demober Date:					
Inspection I	Date	Tlme	By Whom	Any drips or leaks from contained?* Explain.	steel tani	ks, lines	or	pumps n		hazardous ofrinsyste	
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Inspection Date	Time	By Whom	contained?* Explain.	disposed of intsystem?
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	NM Daily Circulating System Inspection Gloseddoop
of	REV10 9/4/2/008

All-circulating:systems:toxbesinspected:DANEY during drilling-operations.
*Any leak of the steel tanks, lines or pumps-shall be reported to the NMOCD and repaired within 48 hours.

