1000 Rio Brazos Road, Aztec, NM 87410

State of New Mexico Energy Minerals and Natural Resources

Form C-144 CLEZ Revised August 1, 2011

811 S. First St., Artesia, NM 88210 **HOBBS OCD** District III

Department 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.

District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505, R 1 5 2013

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)

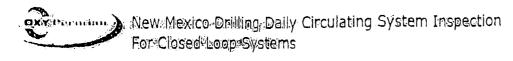
Type of action: X Permit Closure

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

avironment. 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. 331
API Number: 30-025-05447 OCD Permit Number: 10-05916 U/L or Qtr/Qtr J Section 13 Township 18-S Range 37-E County: Lea
Center of Proposed Design: Latitude 32 44 44.0160 Longitude -103 12 07.9524 NAD: ▼1927 □ 1983
Surface Owner: Federal State Private Tribal Trust or Indian Allotment
2.
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
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: 3/1/13
e-mail address: Mark_Stephens@oxy.com Telephone: (713) 366-5158
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7. OCD Approval: Permit Application (including closure plan) Closure Pl	
OCD Representative Signature:	Approval Date 3-20-20/3
Title: Dist Miles	Approval Date 3 - 20 - 20/3 OCD Permit Number: \$\frac{910}{916}\$
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of th section of the form until an approved closure plan has been obtained and the clo	K of 19.15.17.13 NMAC o implementing the closure report. The completion of the closure activities and submitting the closure report. The completion of the closure activities. Please do not complete this part activities have been completed.
	Closure Completion Date:
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drill two facilities were utilized.	That Utilize Above Ground Steel Tanks or Haul-off Bins Only:
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 operation 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 Mober	lajte:	
County:		.:				Rig Demob	e Dalte:	
Inspection	Date	Time	By:Whom	Any drips or leaks from contained?* Explain.	n steel tanks, lines	or pumps not	Has anya disposed	läzändousswaste: been olohusystem?
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