State of	New Mexico HOB3S OCD	
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD Energy Minerals	and Natural Resources	Form C-144 CLEZ Revised August 1, 2011
ULI S. First St. Artagin NM 88210 Der	partment AUG $0.2$ $f_{ortclos}^{0.12}$	sed-loop systems <i>that only use above</i>
1000 Rin Brazos Road Aztec NM 8741(FV V V = =	Valion Division Ground	sieer winds of num-off onis and propose
1220 S. St. Francis Dr., Santa Fe, NM 87505	a St. Francis Dr. to the ap c, NM 87505 RECEIVED	ement waste removal for closure, submit opropriate NMOCD District Office.
NEGEWED_		action
<u>Closed-Loop System Perm</u> (that only use above ground steel tanks or haul-off l		
	Permit Closure	<u>,</u>
Instructions: Please submit one application (Form C-144 CLEZ) per individ	tual 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 at ease be advised that approval of this request does not relieve the operator of lin vironment. Nor does approval relieve the operator of its responsibility to comp	bility should operations result in pollution	of surface water, ground water or the
Dperator: <u>Chevron U S A, Inc.</u>	OGRID #: 4323	
Address: 15 Smith Road, Midland, TX 79705		
Facility or well name: JA AKENS 6		
API Number: 30-025-04460	OCD Permit Number:	-06137/
J/L or Qtr/Qtr 1 Section 3 Township 21 S	Range 36 E County:	
	Longitude -103.24618	NAD: 🖾 1927 🗌 1983
Surface Owner: 🔲 Federal 🛄 State 🔀 Private 🛄 Tribal Trust or Indian A	\llotment	
<u>Closed-loop System</u> : Subsection H of 19.15.17.11 NMAC     Deration: Drilling a new well Workover or Drilling (Applies to act	tivities which require prior approval of	a permit or notice of intent) [X] P&A
Above Ground Steel Tanks or 🗌 Haul-off Bins	andes man require prior approval of	
igns: Subsection C of 19.15.17.11 NMAC		
Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and em Signed in compliance with 19.15.16.8 NMAC	ergency telephone numbers	
12"x 24", 2" lettering, providing Operator's name, site location, and em     Signed in compliance with 19.15.16.8 NMAC <u>Closed-loop Systems Permit Application Attachment Checklist</u> : Subset     Instructions: Each of the following items must be attached to the applicant     that ached.	ection B of 19.15.17.9 NMAC ttion. Please indicate, by a check mark 1 NMAC	s in the box, that the documents are
12"x 24", 2" lettering, providing Operator's name, site location, and em         Signed in compliance with 19.15.16.8 NMAC         Closed-loop Systems Permit Application Attachment Checklist:         Subsections:         Each of the following items must be attached to the application attached.         Design Plan - based upon the appropriate requirements of 19.15.17.1         Operating and Maintenance Plan - based upon the appropriate requirements of Source Plan (Please complete Box 5) - based upon the appropriate requirements of the appropriate requirements of the appropriate requirements of the appropriate requirements of Plan - based upon the approprise requirements of Plan - based upon the approp	ection B of 19.15.17.9 NMAC <i>ation. Please indicate, by a check mark</i> I NMAC rements of 19.15.17.12 NMAC equirements of Subsection C of 19.15.	
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OCD Approval:  Permit Application (including closure plan)  Closure Plan (only)		
OCD Representative Signature: Malugaran Approval Date: 5/2/2013		
Title: <u>Compliance Office</u> OCD Permit Number: <u>P1-06137</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. Closure Completion Date: 07-27-2013		
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 operations:         Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Sceding Technique		
10.         Operator Closure Certification:         1 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):       Cindy Herrera-Murillo       Title:       Permitting Specialist         Signature:       Cindy Herrera-Murillo       Date:       8-1-2013         e-mail address:       Cherreramurillo Ocheviron.com       Telephone:       575-263-0431		
ELG 8-6-2013		