HOBBS OCD

State of New Mexico

Energy Minerals and Natural Resources

AUG 2 2 2013 Department

Form C-144 CLEZ Revised August 1, 2011

District II 811 S. First St., Artesia, NM 88210 District III

1625 N. French Dr., Hobbs, NM 88240

District1 --

1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

87505 RECEIVED

Oil Conservation Division 1220 South St. Francis Dr.

Santa Fe, NM 87505

For closed-loop systems that only use above ground steel tanks or hand-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel lanks 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 hims 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 environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Operator: Chevron USA, Inc. Address: 15 Smith Road Midland, TX 79705 Facility or well name: LIMESTONE 11 23 33 FED 1H API Number: 30- 025- 41360 OCD Permit Number: FOR U/Lor Qtr/Qtr D Section 11 Township 23 S Range 33 E County: LEA Center of Proposed Design: Latitude 32.25962 Longitude 103.549098 NAD: X 1927 1983 Surface Owner: X Federal State Private Tribal Trust or Indian Allotment Operation: \(\times \) Drilling a new well \(\subseteq \) Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) \(\subseteq \) 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 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: CRI Disposal Facility Permit Number: NM-01-0006 Disposal Facility Name: SUNDANCE DISPOSAL Disposal Facility Permit Number: NM-01-0003 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) X 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 **Operator Application Certification:**

I have be contified that the information of

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): Bryan Arrant (Agent for Cheyron)

Form C-144 CLEZ

Title: Regulatory Specialist II

Signature:

Date: 02/22/2013

e-mail address: bryan.arrant@ckk.com

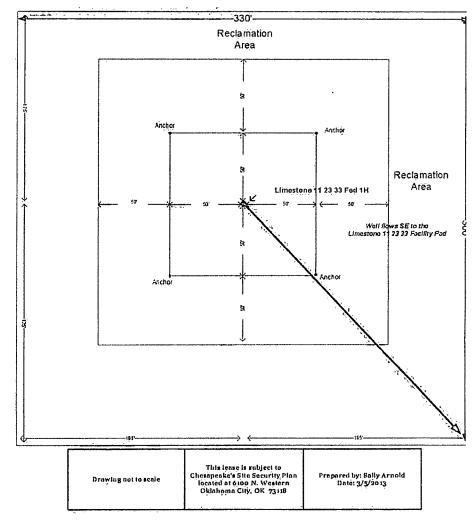
Telephone: (405)935-3782
Oil Conservation Division

"" A UG 26 2013

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)	
OCD Representative Signature:	Approval Date:
Title:	OCD Permit Number CORD ONLE
Closure Report (required within 60 days of closure completion): 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:
Olosure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: 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) 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	
Operator Closure Certification: 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:

CHUSAPLANC

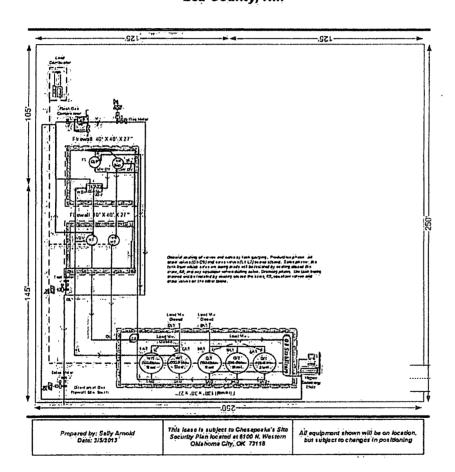
Property Nümber: 648424 Section 11 – T23S – R33E 150 FNL & 650 FWL of Section Lät:: 32:325962 – Long: 103.549098 Lea County, New Měxico





Limestone 11 23 33 Facility Pad S11/T23S/R33E Lea County, NM





Gas Meter Run (C

Fill Line Valve

Draw off Valve

Load Line Valve

Equalizer Valve

Other Valve

Separator (S)

Heater Treater (H

Tanks and Labels

Direction of Flow off Stee North

Product Sterege Te



Fuel Oll, Step Oll, Surge



Well Head

Production Unit

Pumping Unit

Lease Road

> BLM Site Security Statement

Closed Loop System

LIMESTONE 11 23 33 FED 1H Unit D, Sec. 11, T-23-S R-33-E Lea, Co., NM API# 30-025-

Plans are to use a closed loop system with roll off bins in the drilling of this well. Operator will maintain all liquids and solids within the closed loop system in a safe manner in order to protect public health and the environment.

Operations and Maintenance:

During each tour, the rig's crew will inspect and monitor the drilling fluids contained within the tank and monitor any spill which may occur. Should a spill, release or leak occur; the NMOCD District I office in Hobbs (575.393.6161) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur in compliance with NMOCD's rules.

Closure:

During and after drilling operations, any fluids and solids will be transported to Controlled Recovery, Inc. Permit # NM-01-0006.

The alternative disposal facility will be at Sundance Disposal. Permit # NM-01-0003.