

State of New Mexico May 10, 2024

Energy, Minerals, and Natural Resources Department Oil Conservation Division 1625 N. French Dr. Hobbs, NM 88240

Re: Mesa Verde Recycling Facility and West Recycling Containment (1RF-15) C-147 Extension

To Whom It May Concern,

Oxy USA Inc. submits the enclosed C-147 form and summary of monthly containment and leak detection inspections for the Mesa Verde Recycling Facility and West Containment (1RF-15). In accordance with NMAC 19.15.34.10 RECYCLING CONTAINMENTS, Oxy USA Inc. requests a one-year permit extension for the above-mentioned facility, valid from June 15, 2024, through June 15, 2025.

Included with this submittal is a summary of the monthly inspections, including the monitoring of the leak detection system, showing the containment's integrity has not been compromised, from the previous registration renewal to the present. For original site plans and supporting documents, please refer to the facility's original permit application, OCD Registration number 1RF-15.

Should you have any questions or require additional information, please contact me at your convenience.

Sincerely,

**Justin Steinmann** 

**ENVIRONMENTAL ADVISOR** 

OXY USA INC.

✓ Justin Steinmann@oxy.com



(713) 350-4633

oxy.com

**Type of Facility:** 

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-147 Revised April 3, 2017

# Recycling Facility and/or Recycling Containment

X Recycling Containment\*

X Recycling Facility

| Type of action:    Permit   |
|---|
|   |
| At the time C-147 is submitted to the division for a Recycling Containment, a copy shall be provided to the surface owner. 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. For does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. |
| Oxy USA Inc. (For multiple operators attach page with information) OGRID #: 16696  Address: 1600 Gehrig Drive, Midland TX 79706   |
| Facility or well name (include API# if associated with a well): Mesa Verde West Recycling Facility and Containment  |
| OCD Permit Number:(For new facilities the permit number will be assigned by the district office)  |
| U/L or Qtr/Qtr K Section 18 Township 24S Range 32E County: Lea  |
| Surface Owner: X Federal State Private Tribal Trust or Indian Allotment   |
| Recycling Facility:   Location of recycling facility (if applicable): Latitude  |
| Recycling Containment: Mesa Verde West Recycling Facility and Containment 1RF-15   Annual Extension after initial 5 years (attach summary of monthly leak detection inspections for previous year)   Center of Recycling Containment (if applicable): Latitude  |

| 4. Bonding:  |                     |
|--|---------------------|
| ☑ Covered under bonding pursuant to 19.15.8 NMAC per 19.15.34.15(A)(2) NMAC (These containments are limited to only the wells  | owned or            |
| operated by the owners of the containment.)  |                     |
| Bonding in accordance with 19.15.34.15(A)(1). Amount of bond \$ (work on these facilities cannot commence u  | ıntil bonding       |
| amounts are approved)  |                     |
| ☐ Attach closure cost estimate and documentation on how the closure cost was calculated.   |                     |
| 5.   |                     |
| Fencing:   |                     |
| Four foot height, four strands of barbed wire evenly spaced between one and four feet  |                     |
| X Alternate. Please specify 6 ft. chain-link with barbed wire top  |                     |
| 6.   |                     |
| Signs:   |                     |
| 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  |                     |
| ☑ Signed in compliance with 19.15.16.8 NMAC  |                     |
| 7.   |                     |
| <u>Variances</u> :   |                     |
| Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, hun environment.   | nan health, and the |
| Check the below box only if a variance is requested:   |                     |
| ☐ Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requeste  | ed, include the     |
| variance information on a separate page and attach it to the C-147 as part of the application.  If a Variance is requested, it must be approved prior to implementation.   |                     |
| if a variance is requested, it must be approved prior to implementation.   |                     |
| 8.<br>GW GW 16 P W G 41  |                     |
| Siting Criteria for Recycling Containment  |                     |
| Instructions: The applicant must provide attachments that demonstrate compliance for each siting criteria below as part of the applicant examples of the siting attachment source material are provided below under each criteria. | ttion. Potential    |
| General siting   |                     |
| Ground water is less than 50 feet below the bottom of the Recycling Containment.   | ☐ Yes 🛛 No          |
| NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells   | □ NA                |
| Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance  | ☐ Yes 🔀 No          |
| adopted pursuant to NMSA 1978, Section 3-27-3, as amended.  - Written confirmation or verification from the municipality; written approval obtained from the municipality  | □ NA                |
| - written commination of vernication from the municipality, written approval obtained from the municipality  |                     |
| Within the area overlying a subsurface mine.  - Written confirmation or verification or map from the NM EMNRD-Mining and Minerals Division   | ☐ Yes 🛛 No          |
| Within an unstable area.   |                     |
| - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological   | ☐ Yes 🛛 No          |
| Society; topographic map   |                     |
| Within a 100-year floodplain. FEMA map   | Yes X No            |
| Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse, or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).   | ☐ Yes 🛛 No          |
| - Topographic map; visual inspection (certification) of the proposed site  |                     |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.   |                     |
| - Visual inspection (certification) of the proposed site; aerial photo; satellite image  | Yes X No            |
| Within 500 horizontal feet of a spring or a fresh water well used for domestic or stock watering purposes, in existence at the time of   | Yes X No            |
| initial application.   | 1C5 [A] 140         |
| - NM Office of the State Engineer - iWATERS database search; visual inspection (certification) of the proposed site  |                     |
| Within 500 feet of a wetland.  - US Fish and Wildlife Wetland Identification map; topographic map; visual inspection (certification) of the proposed site  | ☐ Yes 🛛 No          |

| Recycling Facility and/or Containment Checklist:                               |  |
|--|--|
| Instructions: Each of the following items must be attached to the application. | Indicate, by a check mark in the box, that the documents are attached. |

☑ Design Plan - based upon the appropriate requirements.
 ☑ Operating and Maintenance Plan - based upon the appropriate requirements.

 \overline{\text{Siting Criteria Compliance Demonstrations − }}

 \overline{\text{Certify that notice of the C-147 (only) has been sent to the surface owner(s)}}

| Operator Application Certification:   |  |
|---|--|
| I hereby certify that the information and attachments submitted with this application | tion are true, accurate and complete to the best of my knowledge and belief. |
| Name (Print): Justin Steinmann  | Title: Environmental Advisor   |
| Signature:  |  |
| e-mail address: Justin_Steinmann@oxy.com  | Telephone: <u>(713)</u> 350-4633   |
| 11.   |  |
| OCD Representative Signature: Victoria Venegas  | Approval Date:05/13/2024   |
| Title: Environmental Specialist   | OCD Permit Number: 1RF-15  |
| X OCD Conditions  |  |
| Additional OCD Conditions on Attachment   |  |

#### Venegas, Victoria, EMNRD

From: Venegas, Victoria, EMNRD

Sent: Monday, May 13, 2024 11:39 AM

To: Steinmann, Justin (Arcadis US Inc)

**Subject:** 1RF-15 - Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443]

**Attachments:** C-147 1RF-15 - Mesa Verde West Recycling Containment #2 FACILITY ID

[fOY1720856443] 05.13.2024.pdf

#### 1RF-15 - Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443]

#### Good afternoon Mr. Steinmann

NMOCD has reviewed the determination of registration/permit extension request for 1RF-15 - Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443] received from [16696] OXY USA INC on May 10, 2024, Application ID 342859. The registration/permit extension request is approved with the following conditions of approval:

- 1RF-15 Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443] is approved for one (1) year of operation from the date of the previous registration/permit expiration date of June 14, 2024. The new registration/permit expiration date is June 14, 2025.
- [16696] OXY USA INC will continue to operate, maintain, and close 1RF-15 Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443] in compliance with 19.15.34 NMAC, to include but not limited to the performance of weekly inspections regardless of fluid levels in the containment; recording of detailed inspection reports; removal of debris, foreign objects and oil from the containment; and monthly reporting of recycling and reuse of produced water, drilling fluids, and liquid oil field waste via from C-148.
- [16696] OXY USA INC will maintain a liquid level in the containment that is at least equal to the weight of the liner plus 20%. [16696] OXY USA INC may maintain a higher liquid level if they choose.
- If less than 20% of the total fluid capacity is utilized every consecutive six months, operation of the facility is considered ceased and notification of cessation of operations should be sent electronically to OCD Online.
   An extension to extend the cessation of operations, not to exceed six months, may be submitted using a C-147 form through OCD Online.
- The recycling containment is bonded pursuant to 19.15.8 NMAC per 19.15.34.15(A)(2) NMAC. Water reuse and recycling from 1RF-15 Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443] is limited to wells owned or operated by [16696] OXY USA INC.
- A minimum of 3-feet freeboard must be maintained in the recycling containment at all times.
- [16696] OXY USA INC will comply with 19.15.29 NMAC Releases in the event of any release of produced water or produced water or other oil field wastes at 1RF-15 Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443].
- [16696] OXY USA INC will comply with all other NMOCD rules.
- [16696] OXY USA INC must perform weekly inspections of the containment and leak detection system.
- If [16696] OXY USA INC wishes to extend the registration/permit past June 14, 2025, a registration/permit extension request must be submitted to OCD. Extension requests are reviewed on a case-by-case basis and evaluated on their merit. Extensions are considered for a maximum length of one year. Additional extension requests must be submitted to OCD through OCD Online on a Form C-147 (long form) as an Extension request and should include a formal extension request letter, a summary of the prior registration/permit period inspection reports, and the copies of the detailed inspection records for the prior permit period. The extension request should be submitted no later than May 14, 2025.

Please let me know if you have any additional questions.

Regards,

Victoria Venegas • Environmental Specialist

Environmental Bureau
EMNRD - Oil Conservation Division
506 W. Texas Ave. Artesia, NM 88210
(575) 909-0269 | Victoria.Venegas@emnrd.nm.gov

https://www.emnrd.nm.gov/ocd/





Work Order No:

surface water run-on)

Is the leak detection system intact? (check for evidence of damage or

#### **Monthly Inspection Report**

Treated Water Containment / Pond

| Inspected by (name and signature  | e)jessica franklin | Jessica Fran                                       | ıklin | Date/Time: 5-2023 |
|---|--------------------|--|-------|-------------------|
| Review of Prior Corrections   | Yes                | No   | N/A   | Comments          |
| Have all identified issues from the previous facility inspection report been corrected and noted?   | X                  |  |       |                   |
| Equipment Description   | Yes or No          | Working<br>condition?<br>(Good /<br>Needs Repairs) |       | Comments          |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of | YES                | GOOD   |       |                   |

YES GOOD malfunction and monitor for leakage). Are there any dead migratory birds NO and other wildlife inside GOOD pond/treated water?\* Are the sources and disposition of GOOD YES all recycled water recorded?\*\* \* Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from

separately, and the total volume of water leaving the facility for disposition by use of the form C-148

**Additional Comments (including** any equipment not checked off):

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed



Treated Water Containment / Pond

| Wor  | - 0 |      | NI   |
|------|-----|------|------|
| VVOI | ΚU  | raer | INO: |

| Inspected by (name and signature  | e)jessica franklin | Osssica Fran                                       | klin | <b>Date/Time:</b> 6-2023 |
|---|--------------------|--|------|--------------------------|
| Review of Prior Corrections   | Yes                | No   | N/A  | Comments                 |
| Have all identified issues from the<br>previous facility inspection report<br>been corrected and noted?                   | X                  |  |      |                          |
| Equipment Description   | Yes or No          | Working<br>condition?<br>(Good /<br>Needs Repairs) |      | Comments                 |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES                | GOOD   |      |                          |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES                | GOOD   |      |                          |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO                 | GOOD   |      |                          |
| Are the sources and disposition of all recycled water recorded?**   | YES                | GOOD   |      |                          |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| Additional | Comments    | (including   |
|------------|-------------|--------------|
| anv equipn | nent not ch | necked off): |



**Treated Water Containment / Pond** 

| 14/ | - 0 |      | NI  |
|-----|-----|------|-----|
| Wor | KU  | raer | MO: |

| Inspected by (name and signature  | jessica franklin | Jessica Fran                                       | klin | <b>Date/Time:</b> 7-2023 |
|---|------------------|--|------|--------------------------|
| Review of Prior Corrections   | Yes              | No   | N/A  | Comments                 |
| Have all identified issues from the<br>previous facility inspection report<br>been corrected and noted?                   | X                |  |      |                          |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) |      | Comments                 |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |      |                          |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES              | GOOD   |      |                          |
| Are there any dead migratory birds<br>and other wildlife inside<br>pond/treated water?*                                   | NO               | GOOD   |      |                          |
| Are the sources and disposition of all recycled water recorded?**   | YES              | GOOD   |      |                          |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| Additional Commen | ts (including |
|-------------------|---------------|
| any equipment not | checked off): |





Treated Water Containment / Pond

| Work Order No:  |                  |  |      |                   |
|---|------------------|--|------|-------------------|
| Inspected by (name and signature  | jessica franklin | Jessica Fran                                       | klin | Date/Time: 8-2023 |
| Review of Prior Corrections   | Yes (            | No   | N/A  | Comments          |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | X                |  |      |                   |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) |      | Comments          |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |      |                   |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES              | GOOD   |      |                   |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO               | GOOD   |      |                   |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

GOOD

YES

| Additional Comments (including  |
|---------------------------------|
| any equipment not checked off): |

Are the sources and disposition of

all recycled water recorded?\*\*

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148



**Treated Water Containment / Pond** 

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|------|------|---|-----|----|----|
| Wo   | JIK. | v | uei | IN | o: |

| Inspected by (name and signature  | <b>Date/Time:</b> 9-2023 |  |     |          |
|---|--------------------------|--|-----|----------|
| Review of Prior Corrections   | Yes                      | No   | N/A | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | X                        |  |     |          |
| Equipment Description   | Yes or No                | Working<br>condition?<br>(Good /<br>Needs Repairs) |     | Comments |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES                      | GOOD   |     |          |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES                      | GOOD   |     |          |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO                       | GOOD   |     |          |
| Are the sources and disposition of all recycled water recorded?**   | YES                      | GOOD   |     |          |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reaccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| Additional | Comments    | (including |
|------------|-------------|------------|
| any equing | nent not ch | ecked off) |



**Treated Water Containment / Pond** 

|     | - |     |    |  |
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| Wor |   | - 1 | BI |  |
|     |   |     |    |  |
|     |   |     |    |  |

| Inspected by (name and signature  | jessica franklin | Jessica Fran                                       | klin | Date/Time: 10-2023 |
|---|------------------|--|------|--------------------|
| Review of Prior Corrections   | Yes              | // No  | N/A  | Comments           |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | Χ                |  |      |                    |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) |      | Comments           |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |      |                    |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES              | GOOD   |      |                    |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO               | GOOD   |      |                    |
| Are the sources and disposition of all recycled water recorded?**   | YES              | GOOD   |      |                    |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| <b>Additional Comments (including</b> |
|---------------------------------------|
| any equipment not checked off):       |



**Treated Water Containment / Pond** 

| Work Order No:  |                  |  |       |                    |
|---|------------------|--|-------|--------------------|
| Inspected by (name and signature  | jessica franklin | Jessica Fran                                       | eklin | Date/Time: 11-2023 |
| Review of Prior Corrections   | Yes              | No   | N/A   | Comments           |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | Х                |  |       |                    |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) |       | Comments           |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |       |                    |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES              | GOOD   |       |                    |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO               | GOOD   |       |                    |
| Are the sources and disposition of all recycled water recorded?**   | YES              | GOOD   |       |                    |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reporturing

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| Additional | Comments    | (including  |
|------------|-------------|-------------|
| any equip  | ment not ch | ecked off): |



**Treated Water Containment / Pond** 

| Inspected by (name and signature  | jessica franklin | Jessica Fran                                       | klin | Date/Time: 12-2023 |
|---|------------------|--|------|--------------------|
| Review of Prior Corrections   | Yes              | No   | N/A  | Comments           |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | Χ                |  |      |                    |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) |      | Comments           |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |      |                    |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES              | GOOD   |      |                    |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO               | GOOD   |      |                    |
| Are the sources and disposition of all recycled water recorded?**   | YES              | GOOD   |      |                    |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

| Additional Comments (including  |
|---------------------------------|
| any equipment not checked off): |



**Treated Water Containment / Pond** 

| Warls Order Na  |           |  |     |                   |
|---|-----------|--|-----|-------------------|
| Work Order No:  |           | //   |     |                   |
| Inspected by ( jessica franklin   | ): Je     | ssica Franklu                                      | n   | Date/Time: 1-2024 |
| Review of Prior Corrections   | Yes /     | No   | N/A | Comments          |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | X         |  |     |                   |
| Equipment Description   | Yes or No | Working<br>condition?<br>(Good /<br>Needs Repairs) |     | Comments          |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES       | GOOD   |     |                   |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES       | GOOD   |     |                   |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO        | GOOD   |     |                   |
| Are the sources and disposition of all recycled water recorded?**   | YES       | GOOD   |     |                   |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

Additional Comments (including any equipment not checked off):

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148



**Treated Water Containment / Pond** 

| Work Order No:  |           |  |     |                          |
|---|-----------|--|-----|--------------------------|
| Inspected by jessica franklin   | Jes       | ssica Franklin                                     |     | <b>Date/Time:</b> 2-2024 |
| Review of Prior Corrections   | Yes //    | No   | N/A | Comments                 |
| Have all identified issues from the<br>previous facility inspection report<br>been corrected and noted?                   | X         |  |     |                          |
| Equipment Description   | Yes or No | Working<br>condition?<br>(Good /<br>Needs Repairs) |     | Comments                 |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES       | GOOD   |     |                          |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES       | GOOD   |     |                          |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO        | GOOD   |     |                          |
| Are the sources and disposition of all recycled water recorded?**   | YES       | GOOD   |     |                          |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

Additional Comments (including any equipment not checked off):

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148



**Treated Water Containment / Pond** 

| work Order No:  |                  |  |     |                   |
|---|------------------|--|-----|-------------------|
| Inspected by jessica franklin   | Jessica Franklin |  |     | Date/Time: 3-2024 |
| Review of Prior Corrections   | Yes /            | No   | N/A | Comments          |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | X                |  |     |                   |
| Equipment Description   | Yes or No        | Working<br>condition?<br>(Good /<br>Needs Repairs) | i.  | Comments          |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES              | GOOD   |     |                   |
| Is the leak detection system intact?<br>(check for evidence of damage or<br>malfunction and monitor for                   | YES              | GOOD   |     |                   |

GOOD

GOOD

NO

YES

Additional Comments (including any equipment not checked off):

Are there any dead migratory birds

Are the sources and disposition of

all recycled water recorded?\*\*

and other wildlife inside

pond/treated water?\*

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148



**Treated Water Containment / Pond** 

| Work Order No:  |           |  |                        |          |
|---|-----------|--|------------------------|----------|
| Inspected by jessica franklin   | Je        | ssica Frankli                                      | ca Franklin Date/Time: |          |
| Review of Prior Corrections   | Yes /     | No   | N/A                    | Comments |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | X         |  |                        |          |
| Equipment Description   | Yes or No | Working<br>condition?<br>(Good /<br>Needs Repairs) |                        | Comments |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES       | GOOD   |                        |          |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES       | GOOD   |                        |          |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO        | GOOD   |                        |          |
| Are the sources and disposition of all recycled water recorded?**   | YES       | GOOD   |                        |          |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

Additional Comments (including any equipment not checked off):

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148



**Treated Water Containment / Pond** 

| Work Order No:  |           |  |     |                    |  |
|---|-----------|--|-----|--------------------|--|
| Inspected by (name and signature): Marcos Mon   |           | ntano Marcos Montano                               |     | Date/Time: 05-2024 |  |
| Review of Prior Corrections   | Yes       | No   | N/A | Comments           |  |
| Have all identified issues from the previous facility inspection report been corrected and noted?                         | Х         |  |     |                    |  |
| Equipment Description   | Yes or No | Working<br>condition?<br>(Good /<br>Needs Repairs) |     | Comments           |  |
| Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on) | YES       | GOOD   |     | -                  |  |
| Is the leak detection system intact? (check for evidence of damage or malfunction and monitor for leakage).               | YES       | GOOD   |     |                    |  |
| Are there any dead migratory birds and other wildlife inside pond/treated water?*   | NO        | GOOD   |     |                    |  |
| Are the sources and disposition of all recycled water recorded?**   | YES       | GOOD   |     |                    |  |

<sup>\*</sup> Within 30 days of discovery, report the discovery of dead migratory birds or other wildlife to the appropriate wildlife agency and to the division district office in order to facilitate assessment and implementation of measures to prevent incidents from reoccurring

Additional Comments (including any equipment not checked off):

<sup>\*\*</sup> Report to the division the total volume of water received for recycling, with the amount of fresh water received listed separately, and the total volume of water leaving the facility for disposition by use of the form C-148

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

CONDITIONS

Action 342859

#### **CONDITIONS**

| Operator:             | OGRID:                              |
|-----------------------|-------------------------------------|
| OXY USA INC           | 16696                               |
| P.O. Box 4294         | Action Number:                      |
| Houston, TX 772104294 | 342859                              |
|                       | Action Type:                        |
|                       | [C-147] Water Recycle Long (C-147L) |

#### CONDITIONS

| Created By | Condition  | Condition<br>Date |
|------------|--|-------------------|
| vvenegas   | • 1RF-15 - Mesa Verde West Recycling Containment #2 FACILITY ID [fOY1720856443] is approved for one (1) year of operation from the date of the previous registration/permit expiration date is June 14, 2025. • If [16696] OXY USA INC wishes to extend the registration/permit past June 14, 2025, a registration/permit extension request must be submitted to OCD no later than May 14, 2025. | 5/13/2024         |