<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u>

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 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.

Form C-144 CLEZ

July 21, 2008

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: 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 environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Operator: __OXY USA Inc______ OGRID #: __16696______ Address: ____PO BOX 50250 - Midland, TX 79710_____ Facility or well name: __Cypress 34 Federal #8H _____ API Number: 30-015-39430 OCD Permit Number: 211981 U/L or Qtr/Qtr O Section 34 Township 23S Range 29E, NMPM County: Eddy Center of Proposed Design: Latitude N 32.2554633° Longitude 103.9698205° NAD: 21927 1983 Surface Owner: ☑Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment ☑ Closed-loop System: Subsection II 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 RECEIVED Signs: Subsection C of 19.15.17.11 NMAC 2 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers SEP 21 2011 Signed in compliance with 19.15.3.103 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 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: __ Control Recovery Inc. _____ Disposal Facility Permit Number: __R9166__ Disposal Facility Name: ___ Sundance Landfill ___ Disposal Facility Permit Number: NM-01-003 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 **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): Juan Sierra Title: Drilling Engineer

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Signature:

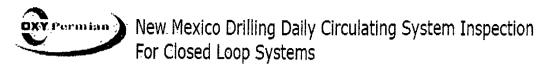
e-mail address:

Off Conservation Division

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Telephone: ____(713 215-7757 ______

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OCD Approval: Permit Application (including closure plan) Closure	Plan (onlý)	·				
OCD Representative Signature:		Approval Date: 09/27/2011				
Title: DIST & Sypourso	OCD Permit Number:	211				
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the	to implementing any closu the completion of the closu	re activities. Please do not complete this				
	Closure Completion	on Date:				
9. Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dritwo facilities were utilized.	s That Utilize Above Grou Illing fluids and drill cultin	and Steel Tanks or Haul-off Bins Only: gs were disposed. Use attachment if more th				
Disposal Facility Name:	Disposal Facility Permit	Number:				
Disposal Facility Name:						
Were the closed-loop system operations and associated activities performed on one Yes (If yes, please demonstrate compliance to the items below) \(\subseteq \text{No} \)						
Required for impacted areas which will not be used for future service and operated Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	tions:					
^{10.} Operator Closure Certification:						
I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure requires	report is true, accurate and nents and conditions specif	complete to the best of my knowledge and ied in the approved closure plan.				
Name (Print):	Title:	the many parallel from the control of the control o				
Signature:		n na vanad Marina na Principal Princ				
e-mail address:	Telephone:	A CONTROL OF THE PROPERTY OF T				



Wellname:			Permit #:			Rig Mobe	Date:		
County:						Rig Demo	be Date:		
Inspection Date	Time	By Whom	Any drips or leaks from contained?* Explain.	steel tanks,	lines or	pumps n		hazardous I of in syste	been

Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pumps not disposed of in system?
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All circulating systems to be inspected DAILY during drilling operations.

*Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.