District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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-144 CLEZ
July 21, 2008

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.

Closed-Loop System Permit or Closure Plan Application

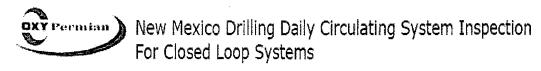
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

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 shenvironment. Nor does approval relieve the operator of its responsibility to comply with		ances.				
I. Operator: OXY USA INC	OGRID#: 16696					
Address: PO Box 4294 Houston, TX 77210	OOMD II.					
Facility or well name: Cypress 34 Federal #6H						
	ermit Number: 2/1033					
U/L or Qtr/Qtr D, E, L, M Section 34 Township T23S						
Center of Proposed Design: Latitude 32.2667101N Longit	rade 103.9783969W NAD: 🗓 198	3				
Surface Owner: X Federal _ State _ Private _ Tribal Trust or Indian Allotment						
2. \[\begin{align*} \begin{align*} \text{Closed-loop System:} & \text{Subsection H of 19.15.17.11 NMAC} \\ \text{Operation:} & \begin{align*} \text{Drilling a new well} & \begin{align*} Workover or Drilling (Applies to activities of the property	which require prior approval of a permit or notice of intent) 🔲 P&.	A				
3.	RECEIVED					
Signs: Subsection C of 19.15.17.11 NMAC [X] 12"x 24", 2" lettering, providing Operator's name, site location, and emergency	y telephone numbers DEC 2 0 2010					
Signed in compliance with 19.15.3.103 NMAC	DEC 2 0 2010					
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: 30-015-36987 Previously Approved Operating and Maintenance Plan API Number: 30-015-36987						
5. Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Instructions: Please indentify the facility or facilities for the disposal of liquids, 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						
6. Operator Application Certification:	·					
I hereby certify that the information submitted with this application is true, accura	ate and complete to the best of my knowledge and belief.	ļ				
Name (Print): John Egelston	Title: Sr. Drilling Engineer					
Signature: Pal Gull	Date: March 8, 2010	_				
e-mail address: John Egelston@Oxy.com	Telephone: 713.215.7849					

OCD Approval: Permit Application (including closure plan) [Closure Plan (only)				
OCD Representative Signature: 12/30/20/0				
OCD Representative Signature: SOUCAL Approval Date: 12/30/2010 Title: OCD Permit Number: 2/1033				
Subsection K of 19.15.17.13 NMAC 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:				
o. Closure 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				
on. 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:				



Wellname:	Permit #:	Rig Mobe Date:	
County:		Rig Demobe Date:	

Inspection Date	Time	By Whom	Any drips or leaks from steel tanks, lines or pumps not contained?* Explain.	Has any hazardous waste been disposed of in system?
				,

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.