



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

May 19, 2025

Re: Mesa Verde Recycling Facility and East Recycling Containment (1RF-14) 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 East Containment (1RF-14). 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, 2025, through June 15, 2026.

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-14.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Steinmann", with a long horizontal flourish extending to the right.

Justin Steinmann
ENVIRONMENTAL ADVISOR
OXY USA INC.

✉ Justin_Steinmann@oxy.com

☎ (713) 350-4633

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

Type of Facility: ☒ Recycling Facility ☒ Recycling Containment*
Type of action: ☐ Permit ☐ Registration
☐ Modification ☒ Extension *Annual Extension 06/15/2025-06/15/2026*
☐ Closure ☐ Other (explain) _____

* 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. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.

Operator: 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 East Recvclng Facility and Containment
OCD Permit Number: 1RF-14 (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: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.

☒ **Recycling Facility:**
Location of recycling facility (if applicable): Latitude 32.214192 Longitude -103.715251 NAD83
Proposed Use: ☒ Drilling* ☒ Completion* ☒ Production* ☒ Plugging *
**The re-use of produced water may NOT be used until fresh water zones are cased and cemented*
☐ Other, *requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on groundwater or surface water.*
☒ Fluid Storage
☒ Above ground tanks ☒ Recycling containment ☐ Activity permitted under 19.15.17 NMAC explain type _____
☐ Activity permitted under 19.15.36 NMAC explain type: _____ ☐ Other explain _____
☐ For multiple or additional recycling containments, attach design and location information of each containment
☐ **Closure Report (required within 60 days of closure completion):** ☐ Recycling Facility Closure Completion Date: _____

3.

☒ **Recycling Containment:** Mesa Verde East Containment 1RF-14
☒ Annual Extension after initial 5 years (attach summary of monthly leak detection inspections for previous year)
Center of Recycling Containment (if applicable): Latitude 32.214192 Longitude -103.715251 NAD83
☒ For multiple or additional recycling containments, attach design and location information of each containment
☒ Lined ☐ Liner type: Thickness 60 mil ☐ LLDPE ☒ HDPE ☐ PVC ☐ Other _____
☐ String-Reinforced
Liner Seams: ☒ Welded ☐ Factory ☐ Other _____ Volume: 251,000 bbl Dimensions: L 461' x W 431'30" x D 16'
☐ Recycling Containment Closure Completion Date: _____

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 until 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
- ☒ 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.

Variances:

Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the environment.

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 requested, 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.

8.

Siting Criteria for Recycling Containment

Instructions: The applicant must provide attachments that demonstrate compliance for each siting criteria below as part of the application. Potential examples of the siting attachment source material are provided below under each criteria.

General siting**Ground water is less than 50 feet below the bottom of the Recycling Containment.**

NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells

☐ Yes ☒ No
☐ NA

Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.

☐ Yes ☒ No
☐ NA

- Written confirmation or verification from the municipality; written approval obtained from the municipality

Within the area overlying a subsurface mine.

☐ Yes ☒ No

- Written confirmation or verification or map from the NM EMNRD-Mining and Minerals Division

Within an unstable area.

☐ Yes ☒ No

- Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; topographic map

Within a 100-year floodplain. FEMA map

☐ Yes ☒ 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.

☐ Yes ☒ No

- Visual inspection (certification) of the proposed site; aerial photo; satellite image

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 initial application.

☐ Yes ☒ No

- NM Office of the State Engineer - iWATERS database search; visual inspection (certification) of the proposed site

Within 500 feet of a wetland.

☐ Yes ☒ No

- US Fish and Wildlife Wetland Identification map; topographic map; visual inspection (certification) of the proposed site

9.

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.
- ☒ Closure Plan - based upon the appropriate requirements.
- ☒ Site Specific Groundwater Data -
- ☒ Siting Criteria Compliance Demonstrations -
- ☒ Certify that notice of the C-147 (only) has been sent to the surface owner(s)

10.

Operator Application Certification:

I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.


Name (Print): Justin Steinmann Title: Environmental Advisor
Signature:  Date: 05/19/2025
e-mail address: Justin_Steinmann@oxy.com Telephone: (713) 350-4633


11.


OCD Representative Signature: Victoria Venegas Approval Date: 05/21/2025


Title: Environmental Specialist OCD Permit Number: 1RF-14


- ☒ OCD Conditions
- ☒ Additional OCD Conditions on Attachment


		<h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p>		
Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	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?	X			
Equipment Description	Yes or No	Working condition? (Good / 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		
<p>* 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</p> <p>** 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</p>				
Additional Comments (including any equipment not checked off):	<p style="text-align: center;">ID #1RF-014 EAST POND</p>			


		<h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p>		
Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 06-2024
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 condition? (Good / Needs Repairs)	Comments	
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Additional Comments (including any equipment not checked off):	ID #1RF-014 EAST POND			

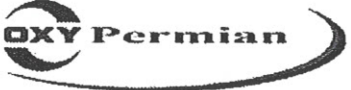
		<h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p>		
Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	Date/Time: 07-2024
Review of Prior Corrections	Yes	No	N/A	Comments
Have all identified issues from the previous facility inspection report been corrected and noted?	X			
Equipment Description	Yes or No	Working condition? (Good / Needs Repairs)	Comments	
Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on)	YES	GOOD		
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Are the sources and disposition of all recycled water recorded?***	YES	GOOD		
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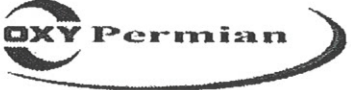
		<h2 style="text-align: center;">Monthly Inspection Report</h2> <p style="text-align: center;">Treated Water Containment / Pond</p>		
Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 08-2024
Review of Prior Corrections	Yes	No	N/A	Comments
Have all identified issues from the previous facility inspection report been corrected and noted?	X			
Equipment Description	Yes or No	Working condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	
			Date/Time: 09-2024	
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 condition? (Good / Needs Repairs)	Comments	
Are diversion ditches and berms around the containment secure? (check for erosion and collection of surface water run-on)	YES	GOOD		
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Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 10-2024
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 11-2024
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 12-2024
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature): Marcos Montano <i>Marcos Montano</i>				Date/Time: 01-2025
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	Date/Time: 02-2025
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	Date/Time: 03-2025
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	Date/Time: 04-2025
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 condition? (Good / Needs Repairs)	Comments	
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Work Order No:				
Inspected by (name and signature):			Marcos Montano <i>Marcos Montano</i>	Date/Time: 05-2025
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 condition? (Good / Needs Repairs)	Comments	
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Additional Comments (including any equipment not checked off):	ID #1RF-014 EAST POND			

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

CONDITIONS

Action 464406

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 464406
	Action Type: [C-147] Water Recycle Long (C-147L)

CONDITIONS

Created By	Condition	Condition Date
vvenegas	The 1RF-14 - MESA VERDE EAST RECYCLING CONTAINMENT #2 FACILITY ID [fOY1716651072]. is approved for one (1) year of operation from the date of the previous registration/permit expiration date of June 14, 2025. The new registration/permit expiration date is June 14, 2026. If [16696] OXY USA INC wishes to extend the registration/permit past June 14, 2026, a registration/permit extension request must be submitted to OCD no later than May 14, 2026.	5/21/2025