30-059-20512

2333-3016

20.
OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only) ☐ OCD Conditions (see attachment)

OCD Representative Signature: Ed Martin **Approval Date:** 2/12/10

Title: DISTRICT SUPERVISOR **OCD Permit Number:**

21.
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:** 6/4/09

22.
Closure Method:

☐ Waste Excavation and Removal xxx On-Site Closure Method ☐ Alternative Closure Method ☐ Waste Removal (Closed-loop systems only)
☐ If different from approved plan, please explain.

23.
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

24.
Closure Report Attachment Checklist: ***Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check mark in the box, that the documents are attached.***

☐ Proof of Closure Notice (surface owner and division)	N/A
☐ Proof of Deed Notice (required for on-site closure)	N/A
☐ Plot Plan (for on-site closures and temporary pits)	Already Provided
☐ Confirmation Sampling Analytical Results (if applicable)	Same
☐ Waste Material Sampling Analytical Results (required for on-site closure)	Same
☐ Disposal Facility Name and Permit Number	Same
☐ Soil Backfilling and Cover Installation	Per Original C-144
☐ Re-vegetation Application Rates and Seeding Technique	Already Provided
☐ Site Reclamation (Photo Documentation)	N/A

On-site Closure Location: Latitude Already Provided Longitude Same NAD: ☐1927 ☐ 1983

25.
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): Lynn Clay Title: Artificial Lift Specialist

Signature: Lynn Clay Date: 7/24/09

e-mail address: Lynn_clay@oxy.com Telephone: 575-374-3058