Districa L. 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

July 21, 2008

Form C-144 CLEZ

For closed-loop systems that only use above ground steel tanks or haut-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

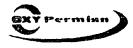
## Closed-Loop System Permit or Closure Plan Application

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

Type of action: Permit Closure

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 RECEIVED
Address: PO BOX 50250 - Midland TX 79710
Facility or well name: Sand Dune Federal 29 #2
API Number: 30.015.37335 OCD Permit Number: NMOCD ARTESIA
U/L or Qtr/Qtr _ H _ Section _ 29 _ Township _ 23S _ Range _ 31 EAST, NMPM _ County: _ EDDY _
Center of Proposed Design: Latitude N 32.2778439° Longitude W103.7927273° N∧D: ⊠1927 ☐ 1983
Surface Owner: Sederal State Private Tribal Trust or Indian Allotment
2.  ☐ Closed-loop System: Subsection H 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
Signs: Subsection C of 19.15.17.11 NMAC   ☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  ☐ 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 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:  Previously Approved Operating and Maintenance Plan API Number:
S. 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 G 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, accurate and complete to the best of my knowledge and belief.
Name (Print): Camilo Arias Title: Drilling Engineer
Signature: Date: OII 15 1009
e-mail address:Camilo_Arias@oxy.com Telephone:(713) 366-5953

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OCD Approval: Permit Application (including closure plan) Closure P	ian (only)			
OCD Representative Signature: Acquir Leave	`Ap	proval Date: 10/21/2009		
OCD Representative Signature: Acquir Preserve  Title:	OCD Permit Number:	2096/16		
8.  Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior t The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl	to implementing any closure of the completion of the closure of	ctivities. Please do not complete this npleted.		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems</u> Instructions: Please indentify the facility or facilities for where the liquids, drift two facilities were utilized.	That Utilize Above Ground ling fluids and drill cuttings r	Steel Tanks or Haul-off Bins Only: vere disposed. Use attachment if more than		
Disposal Facility Name:	Disposal Facility Permit Nu	mber:		
Disposal Facility Name:	Disposal Facility Permit Nu	nber:		
Were the closed-loop system operations and associated activities performed on or Yes (If yes, please demonstrate compliance to the items below) No	in areas that will not be used	for future service and operations?		
Required for impacted areas which will not be used for future service and operation.  Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation. Re-vegetation Application Rates and Seeding Technique	ions:	,		
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:			



## New Mexico Drilling Daily Circulating System Inspection For Closed Loop Systems

Wellname:				Permit #:		Rig Mobe Date:		
County:						Rig Demob	e Date:	
Inspection	Date	Time	By Whom	Any drips or leaks from contained?* Explain.	n steel tanks, lines or	pumps not	Has any disposed	hazardous waste been 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.

•	NM Daily Circulating System Inspection - Closed loo
Page of	REV 0 8/4/200