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(hat only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure Type of action: Depression of the closure steel tanks or haul-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or all-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or baul-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or baul-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or baul-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or baul-off bins and propose to implement waste removal for closure, place submit a proval of the ground wite or the more steel tanks or baul-off bins and propose to implement waste removal for closure place advector place tanks or baul-off bins and propose to implement waste removal for closure place advector proposed Design: Laintal bins of the application requires the place of the tanks or baul-off bins advector place tanks or baul-off bins and propose to implement waste removal for closure place advector place tanks or baul-off bins advector place tanks or baul-off bins advector place tanks or baul-off bins Operator:OVY USA Inc	1220 S. St. Francis Dr., Santa Fe, NM 87505		
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Address: PO BOX 50250 - Midland, TX 79710 Facility or well name: Paton 18 FedBH API Number: DO-OLS - 4/3 4 3 OCD Permit Number: N/A 20 Lo q Q(Q)r _O Section _18 Township _245 Range _31E, NMPM_County: Edity Over Councy: Eddy Center of Proposed Design: Latitude _N 32.2103564° Adove Ground Steel Tanks or State	Please be advised that approval of this request does environment. Nor does approval relieve the operato	not relieve the operator of liability should operations result or of its responsibility to comply with any other applicable i	i in pollution of surface water, ground water or the governmental authority's rules, regulations or ordinances
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Surface Owner: State Private Tribal Trust or Indian Allotment 2 Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Moriling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&AA Above Ground Steel Tanks or Site Hau-Off Bins PRECEIVED MAY 0 8 2013 Signs: Subsection C of 19.15.17.11 NMAC MAY 0 8 2013 Signed in compliance with 19.15.3.103 NMAC MAY 0 8 2013 Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.19 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. Closed-loop System Permit Application Attachment Checklist: Subsection C 19.15.17.12 NMAC Closed-loop System Sermit appropriate requirements of 19.15.17.12 NMAC Design Plan - based upon the appropriate requirements of Subsection C 19.15.17.9 NMAC and 19.15.17.13 NMAC Closure For Closed-loop System Permit Application Attachment Checklist: Subsection Site Section Si			
			NAD. 21927 1985
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 Maul-off Bins * <td>Surface Owner: XFederal State Private</td> <td>Tribal Trust or Indian Allotment</td> <td></td>	Surface Owner: XFederal State Private	Tribal Trust or Indian Allotment	
Signed in compliance with 19.15.3.103 NMAC Signed in complete the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Signed maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Solver 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:	3. Signs: Subsection C of 19.15.17.11 NMAC		RECEIVED
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 Previously Approved Design (attach copy of design) API Number:		name, site location, and emergency telephone numbers	MAY 0 8 2013
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. Ø 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:	Signed in compliance with 19.15.3.103 NM.	AC	
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□ Previously Approved Operating and Maintenance Plan API Number:	Instructions: Each of the following items mus attached. Design Plan - based upon the appropriate Operating and Maintenance Plan - based	st be attached to the application. Please indicate, by a e requirements of 19.15.17.11 NMAC upon the appropriate requirements of 19.15.17.12 NMA	check mark in the box, that the documents are
Set 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: 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: Disposal Facility Permit Number: NM-01-003 Weil any of the proposed closed for future service and operations: Disposal Facility are service and operations:	Previously Approved Design (attach copy of	of design) API Number:	
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Disposal Facility Name:Sundance LandfillDisposal 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) X 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 Site Reclamation 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 Site Reclamation 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 	Instructions: Please indentify the facility or fa		
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 operation □ 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):	Disposal Facility Name: Control Recovery	y Inc Disposal Facility P	ermit Number:R9166
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): Anar Khalilov	Will any of the proposed closed-loop system op	perations and associated activities occur on or in areas the	Permit Number:NM-01-003 hat will not be used for future service and operations?
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): Anar Khalilov Signature: Date:	Soil Backfill and Cover Design Specifica Re-vegetation Plan - based upon the appr	ations based upon the appropriate requirements of Su ropriate requirements of Subsection I of 19.15.17.13 NM	MÀC
Name (Print):Anar Khalilov Title:Drilling Engineer	Operator Application Certification:	with this application is true, accurate and complete to t	he best of my knowledge and belief
Signature: 11/26/2012-		· · · · ·	
e-mail address: Anar_Khalilov@oxy.com Telephone:(832) 205-6365	- ATTa	7 Date:	11/26/2012-
e-mail address:Amar_Khalilov@oxy.com Telephone:(832) 205-6365			
	e-mail address:Amar_Khalilov@oxy.com	Telephoné: (8	532) 200-6365

Form C-144 CLEZ

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Oil Conservation Division

UFZ-2

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7. OCD Approval: Permit Application (including closure plan) [] Closure Plan (only) OCD Representative Signature: Approval Date: 5/10/13 Title: 157 Districtions: OCD Permit Number: 214313				
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:			
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> 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 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) INO				
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	ons:			
 Derator 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:			

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