

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 NMOC 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

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 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
Address	P.O. Box 4294, Houston, TX 77210		
Facility or well name	MURPHY 35 STATE #001		
API Number	30-025-40199	OCD Permit Number	134226 P1-03517
U/I or Qu/Qu	N	Section	35 Township 16S Range 32E County LEA
Center of Proposed Design	Latitude 32.8733536	Longitude	103.7346523 NAD <input checked="" type="checkbox"/> 1927 <input type="checkbox"/> 1983
Surface Owner	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Tribal Trust or Indian Allotment		

☒ **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 \_\_\_\_\_

**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 identify 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 SUNDAKE 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

**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) TERENE ROBINSON Title SR. REGULATORY ANALYST  
Signature [Signature] Date 7/11/11  
E-mail address TERENE.ROBINSON@OXY.COM Telephone 713-366-5360

AUG 11 2011

OCD Approval ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PETROLEUM ENGINEER**

OCD Permit Number: \_\_\_\_\_

**P1-03517**

**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: \_\_\_\_\_

**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*Instructions: Please identify 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

**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) \_\_\_\_\_

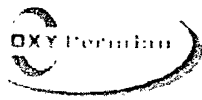
Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

e-mail address \_\_\_\_\_

Telephone \_\_\_\_\_



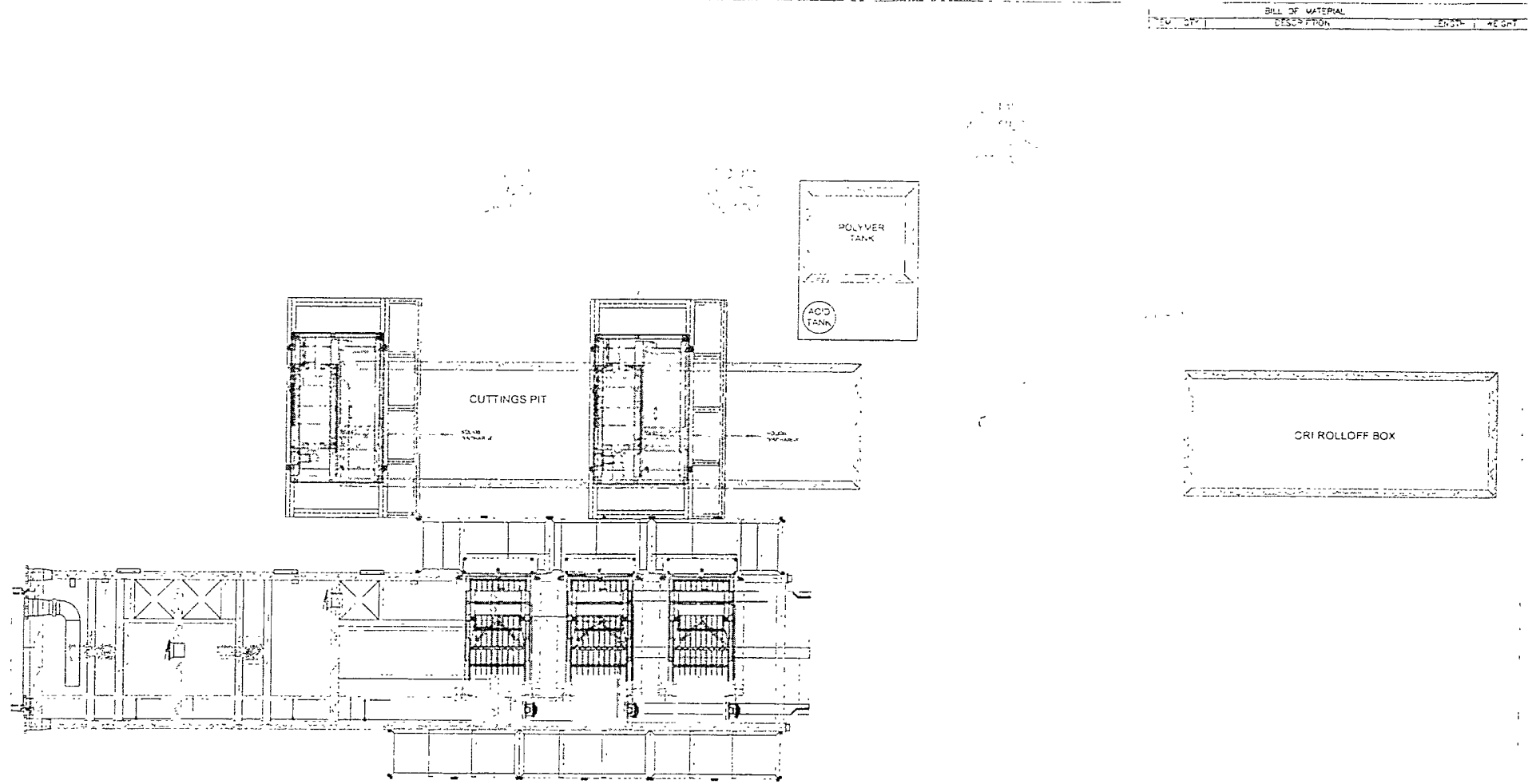
# New Mexico Drilling Daily Circulating System Inspection For Closed Loop Systems

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



BILL OF MATERIAL			
ITEM NO.	DESCRIPTION	QTY	REMARKS

				<p>1. ALL STRUCTURAL MATERIAL SHALL BE ASTM - A36</p> <p>2. ALL PIPE SCH 40 MATERIAL SA 106 OR B</p> <p>3. ALL PLATES SHALL BE 5082 H MATERIAL SA 5082</p> <p>4. ALL FITTINGS SHALL BE 5082 H MATERIAL SA 5082</p> <p>5. TANK FABRICATION SHALL BE IN ACCORDANCE WITH API-650</p>				<p>THESE INFORMATION AND SPECIFICATIONS ON THIS DRAWING ARE THE PROPERTY OF SCOMI INTERNATIONAL LIMITED AND ARE NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF SCOMI INTERNATIONAL LIMITED. THIS DRAWING AND THE DESIGN ARE THE PROPERTY OF SCOMI INTERNATIONAL LIMITED.</p>				<p><b>CLOSED LOOP SYSTEM</b> <b>BASIC LAYOUT</b> <b>OXY - H&amp;P - FLEX 4 M</b></p>				<p><b>Scomi</b></p> <p>521S-027</p>			
DATE				25/10				CHECKED BY				WTE							
APPROVED				WTE				DATE				25/10							