

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

HOBBS OGD

FEB 17 2012

RECEIVED

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  
Revised August 1, 2011

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 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

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.

1. Operator CHEVRON U.S.A. INC. OGRID # 4323  
Address 15 SMITH ROAD, MIDLAND, TEXAS 79705  
Facility or well name C.C. FRISTOE "B" FEDERAL NCT-2 #27  
API Number: 30-025-35589 OCD Permit Number. P1-0423D  
U/L or Qtr/Qtr I Section 26 Township 24S Range 37E County. LEA  
Center of Proposed Design: Latitude Longitude NAD: ☐ 1927 ☐ 1983  
Surface Owner ☒ Federal ☐ 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 RECOMPLETE TO JUSTIS BLINEBRY/TUBB/DRINKARD

3. 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 16 8 NMAC

4. 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: \_\_\_\_\_

5. 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 CONTROLLED RECOVERY INC (CRI) Disposal Facility Permit Number R9166-NM-01-0006  
Disposal Facility Name Disposal Facility Permit Number.  
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

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) DENISE PINKERTON Title. REGULATORY SPECIALIST  
Signature Denise Pinkerton Date. 11-30-2011  
e-mail address leakejd@chevron.com Telephone. 432-687-7375

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

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

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

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

PETROLEUM ENGINEER

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

P1-04230

8. **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: \_\_\_\_\_

9. **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

10. **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: \_\_\_\_\_

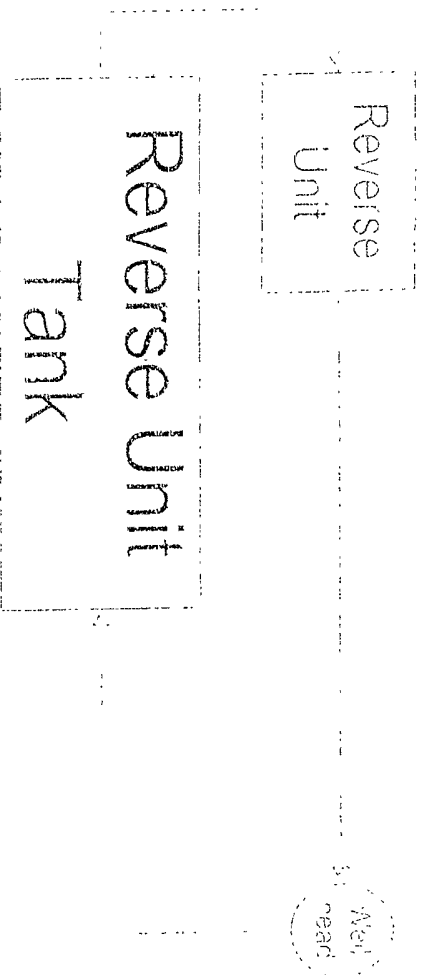
Signature: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

# CHRYSLER REPTILES UNIT - SCHEDULED MAINTENANCE AND MAINTENANCE - CLOSURE PLAN



## Notes

1. This is a reverse input tank equipped and operation with a dry run feature to location

2. This is a reverse input tank so it will be used to

## Operating and Maintenance Plan

1. All reverse input tanks will be used to reverse input

2. Reverse input tanks will be used to reverse input tanks. This is a reverse input tank.

3. Reverse input tanks will be used to reverse input tanks. This is a reverse input tank.

4. Reverse input tanks will be used to reverse input tanks.

5. Reverse input tanks will be used to reverse input tanks. This is a reverse input tank.

6. Reverse input tanks will be used to reverse input tanks. This is a reverse input tank.

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THE JOURNAL OF THE

Frac Pump

Frank Tank

Fuel Tank

Frank

$$N(\mathcal{A}) = \{A \in \mathcal{A} : A \cap B = \emptyset \text{ for all } B \in \mathcal{A} \text{ with } A \cap B \neq \emptyset\}.$$

5.2

1. The design of the discharge system will take into account the

2. The discharge rates will be determined by the design of the

3. The tanks and the number of pumps will be selected, operated and

4. The tanks and the number of pumps will be selected, operated and

5. The tanks and the number of pumps will be selected, operated and

6. The tanks and the number of pumps will be selected, operated and

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11. The tanks and the number of pumps will be selected, operated and

12. The tanks and the number of pumps will be selected, operated and

C.C Fristoe B NCT-2 #27  
30-025-35589  
Chevron USA Inc.  
February 14, 2012  
Conditions of Approval

1. **A minimum of 35 feet of cement must be bailed on top of all Bridge Plugs.**
2. Surface disturbance beyond the originally approved pad must have prior approval.
3. Closed loop system required.
4. 5000 (5M) psi workover BOP to be used with pulling unit. All blowout preventer (BOP) and related equipment (BOPE) shall comply with reasonable well control requirements. A two ram system with a blind ram and a pipe ram designed for the size of the work string shall be adequate. Tapered work strings will require an additional pipe ram. The manifold shall comply with Onshore Oil and Gas Order #2 Attachment I (2M Diagrams of Choke Manifold Equipment). The accumulator system shall have an immediately available power source to close the rams and retain 200 psi above pre-charge. The pre-charge test shall follow requirements in Onshore Order #2. 5M systems shall require two independent power sources, one of which may be nitrogen bottles (three minimum) maintaining a charge equal to the manufacturer's recommendations.
5. Operator to have H2S monitoring equipment on location as H2S has been reported from wells in the area.
6. Subsequent sundry and completion report required.

**CRW 021412**