HOBBS OCH

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

1220 S St. Francis Dr , Santa Fe, NM 87505

RECEIVED

State of New Mexico
FEB 2 9 20 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 groun	nd steel tanks or haul-off bin	s and propose to implement wa	ste removal for closure)
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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

nvironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.				
Operator: CHEVRON U.S.A. INC. OGRID #:4323				
Address: 15 SMITH ROAD, MIDLAND, TEXAS 79705				
Facility or well name CENTRAL VACUUM UNIT #276 (NEW DRILL)				
API Number 30-025-40467 OCD Permit Number: 41-04260				
U/L or Qtr/Qtr L Section 31 Township 17S Range 35E County: LEA				
Center of Proposed Design: Latitude Longitude NAD: \[\square 1927 \square 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				
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				
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: 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 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): DENUSE PINKERTON Title: REGULATORY SPECIALIST				
Signature: Date: 02-27-2012				
e-mail address: leakejd@chevron.com Telephone: 432-687-7375				

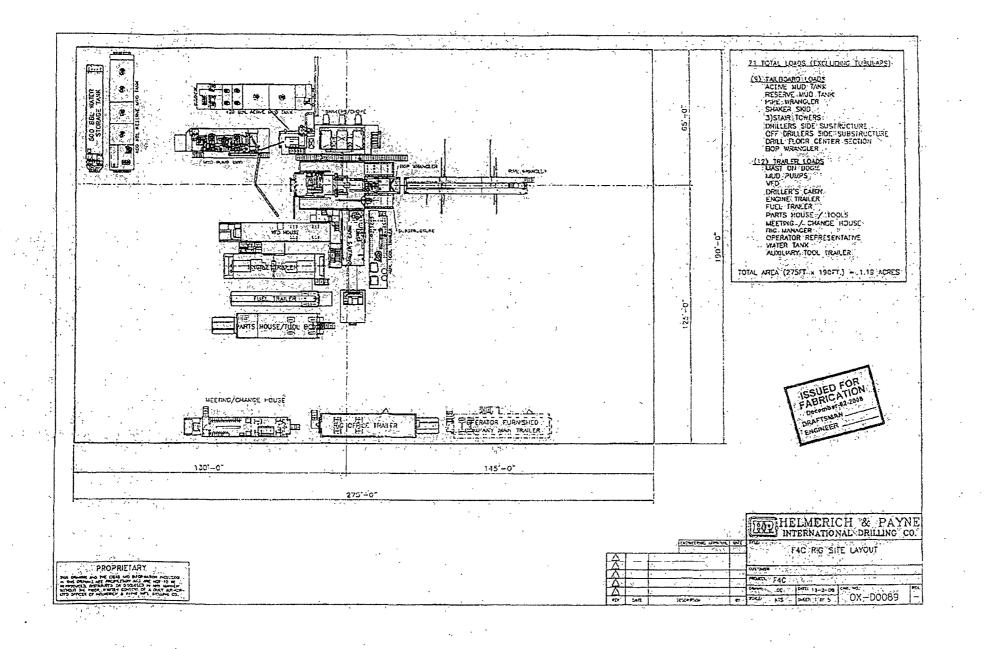
Title: OCD Permit Number: 1 O 4 2 4 0 S. Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure 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 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 Inc. Operator Closure Certification: Intereby 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 information and attachments submitted with this closure requirements and conditions specified in the approved closure plan. Name (Print): Title: Date: Cemail address: Date:	OCD Approval: Permit Application (including closure plan) Closure Plan			
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	Name (Print):	Title:		
e-mail address: Telephone:	Signature:	Date:		
	e-mail address:	Telephone:		

Operating & Maintenance Plan & Closure Plan

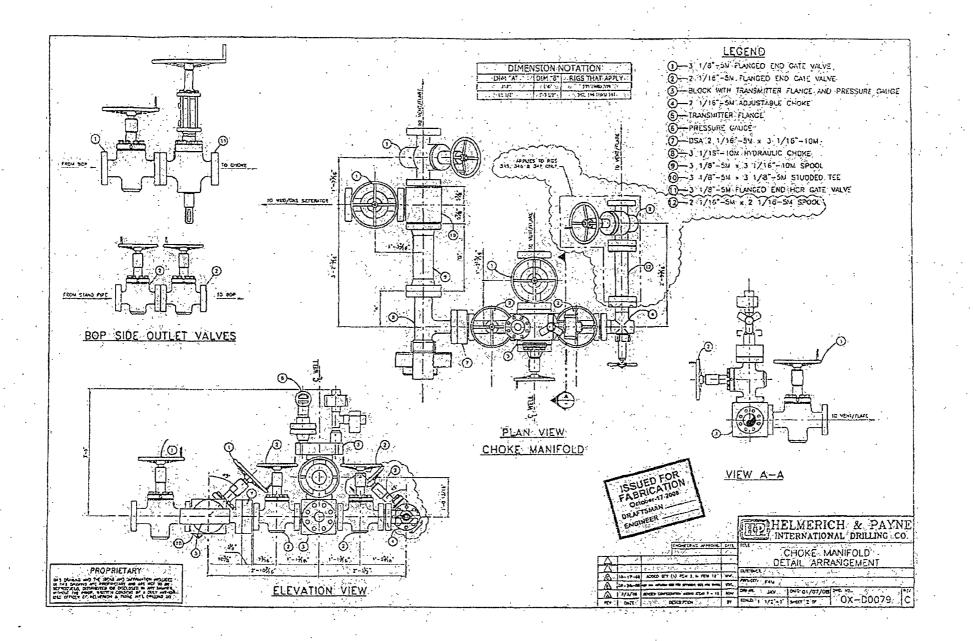
- 1. 250 bbl, ½ frac. Tank, cutting tank w/dimensions of 32'x10.5'x6' tall will be installed On top of 20 mil plastic barrier.
- 2. Cuttings will be discharged from shaker into cuttings tank.
- 3. Cuttings tank will be continuously monitored by designated roughneck so that cuttings tank will not be overfilled.
- 4. Rig crew will visually inspect fluid integrity of cuttings tank on a daily basis.
- Documentation of visual inspection of cuttings tank will be captured on IADC Drilling Report.

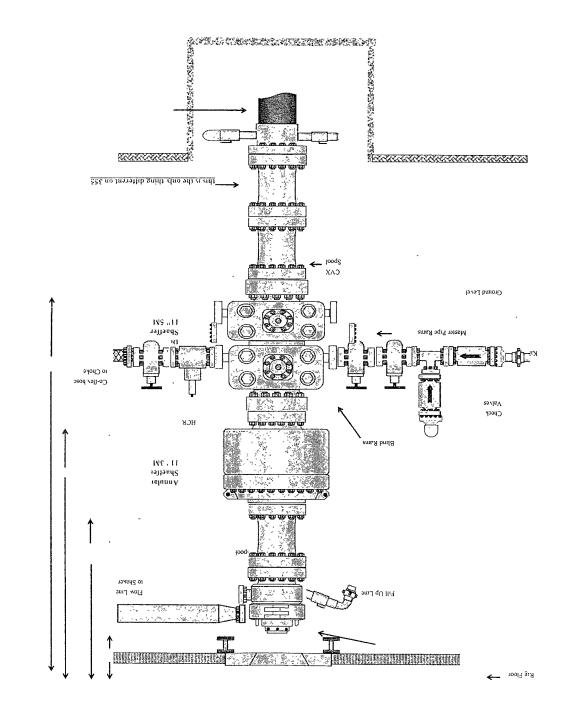
Closure Plan

- 1. Drilled cuttings will be dipped out of tank with backhoe bucket and placed in suitable transport container (dump truck tank or cuttings bin)
- 2. Drill cuttings will be disposed of at a suitable off-location waste facility.



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