## \* <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 1301 W. Grand Avenue, Artesia, NM 88210 1000 Rio Brazos Road, Aztec, NM 8741AY 30 2012 District IV

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 CLE July 21, 200

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
environment. Not does approval refleve the operator of its responsibility to comply with any other applicable governmental authority's fules, regulations or ordinances.
Operator: OXY USA WTP LP OGRID#: 192463
Address: P.O. Box 50250 Milland TX 7570
Facility or well name: East Fumont Unit # 103
API Number: 30.025-05843 OCD Permit Number: \$1.04678
U/L or Qtr/Qtr M Section 36 Township L95 Range 37E County: Lea
Center of Proposed Design: Latitude 32.6108 Longitude 103.2109 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)  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
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: WM-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) \( \sum \) 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): Devid Stewart Title: Resulctory Adutson
Signature: Date: 5 zaliz
e-mail address: duvid_stewart@oxt.com Telephone: 432-635-5717
Form C-144 CLE7 Oil Conservation Division Page 1 of 2

7. OCD Approval: Permit Application (including closure plan) Closure Pl	an (only)
OCD Representative Signature:	Approval Date 5-31-2012
Title: STAFF NATH	OCD Permit Number: P) 04678
s. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior to the closure report is required to be submitted to the division within 60 days of the section of the form until an approved closure plan has been obtained and the closure plan	o implementing any closure activities and submitting the closure report the completion of the closure activities. Please do not complete this osure activities have been completed.
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drill two facilities were utilized.	That Utilize Above Ground Steel Tanks or Haul-off Bins Only:
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 $\square$ Yes (If yes, please demonstrate compliance to the items below) $\square$ 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	ons:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem	
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:



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

Wellname:			Permit #:		Rig Mobe D	Rig Mobe Date:		
County:					Rig Demobe Date:		Market State of the State of th	
Inspection Date	Time	By Whom	Any drips or leaks from contained?* Explain.	m steel tanks, lines o	r pumps not	Has any disposed	hazardous waste been of in system?	
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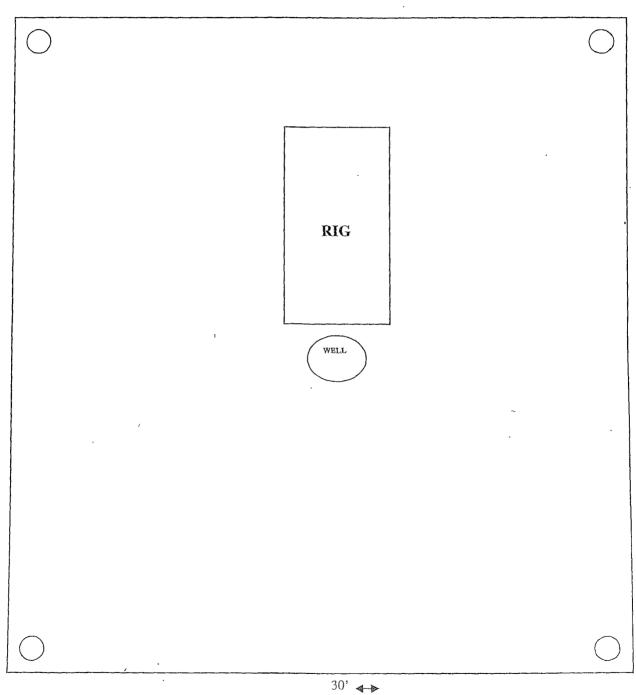
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NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

<sup>\*</sup>Any leak of the steel tanks, lines or pumps shall be reported to the NMOCD and repaired within 48 hours.

## C-144CLEZ P&A Attachment RIG LAY-OUT



STEEL PIT