District I 1625 N. French Dr., Hobbs, NM 88240 District II Department

1220 S. St. Francis Dr., Santa Fe, NM 8460BBSOCD

State of New Mexico . Department

Form C-144 CLEZ Revised August 1, 2011

811 S. First St., Artesia, NM 88210

District III
1000 Rio Brazos Road, Aztec, NM 87410 JUN 18 2012
District IV

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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.

(that only use above ground steel tanks or haul-off biny5 and prantses to implement waster vinoval for closure) Instructions: Please submit one application (Form C-144 CLE2) per individual cloget-loop system request. For any application request other of the closest-loop system that only use above ground side tanks or haul-off bins and propose to implement waster reinval for closure, please submit one application (Form C-144 CLE2) per individual cloget-loop system request. For any application request other of the closest-loop system has only use above ground side and the removement. Nor does approval relieve the operator of its responsibility to comply with any other application provided in the removement. Nor does approval relieve the operator of its responsibility to comply with any other application system control of the provided provided in the removement of the responsibility to comply with any other application governmental authority's rules, regulations or ordinances. Operator:	Closed-Loop System Permit or Closure Plan Application	
Instructions: Please submit one application (Form: C-14 CLEZ) per individual closed-loop system that only, see above ground seef limits or haul-off bins and propose to implement water convoint for closure, please submit of Form: C-14 Clease be advised that approved of his receives the operator of liability should persist on several in pollution of surface water ground water are the invironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Operator: CHEVRON MIDCONTINENT, L.P. OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333 OGRID #:241333	(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)	
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Address: 15 SMITH ROAD, MIDLAND, TEXAS 79705 Facility or well name	ase 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 ironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance.	:s.
API Number: 30-025-05422. OCD Permit Number: Pl-D4776 OLD or QH/Qhr C Section 6 Township 17S Range 37E County LEA Longitude NAD: 1927 1983 Surface Owner: Federal State Private Tribal Trust or Indian Alloument	perator: CHEVRON MIDCONTINENT, L.P. OGRID #:241333	
API Number: 30-025-05422 OCD Permit Number:	ddress: 15 SMITH ROAD, MIDLAND, TEXAS 79705	
U/L or Qtr/Qtr C Section 6 Township 17S Range 37E County: LEA Center of Proposed Design: Latitude	acility or well name LOVINGTON SAN ANDRES UNIT#35	
Center of Proposed Design. Latitude Longitude NAD. 1927 1983 Surface Owner; Federal State Private 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 TEMPORARILY ABANDON Above Ground Steel Tanks or Haul-off Bins TEMPORARILY ABANDON 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signes: 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 Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC Closure Plan (Please complete Bas 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: Saste Removal Closure	PI Number: 30-025-05422. / OCD Permit Number:	
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Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 6.	Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC	
6. Operator Application Certification:		
Operator Appareation Certifications	norator Application Cartification:	_
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: REQULATORY SPECIALIST		

c-mail address: leakejd@chevron.com

Signature: **[**]

Date: 06-12-2012

Telephone: 432-687-7375

OCD Representative Signature: Many Completion OCD Permit Number: OCD Permit Number:	OCD Approval: Permit Application (including closure plan) Closure Plan (only)				
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 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?	OCD Representative Signature: Maleu Stown) Approval Date: 6/18/2012			
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Enter (it yes, preuse demonstrate comprisince to the items below)					
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	☐ Site Reclamation (Photo Documentation) ☐ Soil Backfilling and Cover Installation	ons:			
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:	Name (Print):	Title:			
Signature:	Signature:	Date:			
e-mail address: Telephone:	e-mail address:	Telephone:			