<u>\*District I</u> 1625 N French Dr , Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Biazos Road, Aztec, NM 87410 District IV

1220 S St Francis Di, Santa Fe, NM 87505

HOBBS OCD State of New Mexico Energy Minerals and Natural Resources Department

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

Form C-144 CLE

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

Closed-Loop System Permit or Closure Plan Application

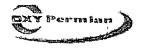
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

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 OXY USA WTP LP OGRID# 192463
Address P.O. Box 50250 Midland TX 7570
Facility or well name Myens langle Mattix Unit #73
API Number 30-025-10904 OCD Permit Number
U/L or Qtr/Qtr G Section 31 Township 235 Range 37E County Lea
Center of Proposed Design: Latitude 32.26244 Longitude 103.19632 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 Dulling (Applies to activities which require prior approval of a permit or notice of intent) P&A
Above Ground Steel Tanks or Haul-off Bins
3 G' G barrer C : 510 15 17 11 NMAG
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
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:
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. & 360 Disposal Facility Permit Number. WM-01-6006
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) \( \subseteq \) 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) David Stewart Title Regulation Advisor
Signature Date Date.
e-mail address. duvid_stewarte ox1. com Telephone. 432-635-5717
F. C.141 CLEPT 0.17

OCD Approval: Permit Application (including closure plan) Closure Plan (only)
OCD Representative Signature: Maley Storown Approval Date: 1/3/2012
OCD Approval: Permit Application (including closure plan) Closure Plan (only)  OCD Representative Signature: Major Strown  OCD Permit Number: Plan (only)  Approval Date: 7/3/2012  Title: Compliance Officer OCD Permit Number:
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 indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more to 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) \(\subseteq\) No
Required for impacted areas which will not be used for future service and operations.  Ste 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 requirements and conditions specified in the approved closure plan.
Name (Punt) 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 Demob	e Date:		
Inspection Date	Time		Any drips or leaks from steel contained?* Explain.	tanks, lines or pumps not	Has any hazardous waste been disposed of in system?	

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?
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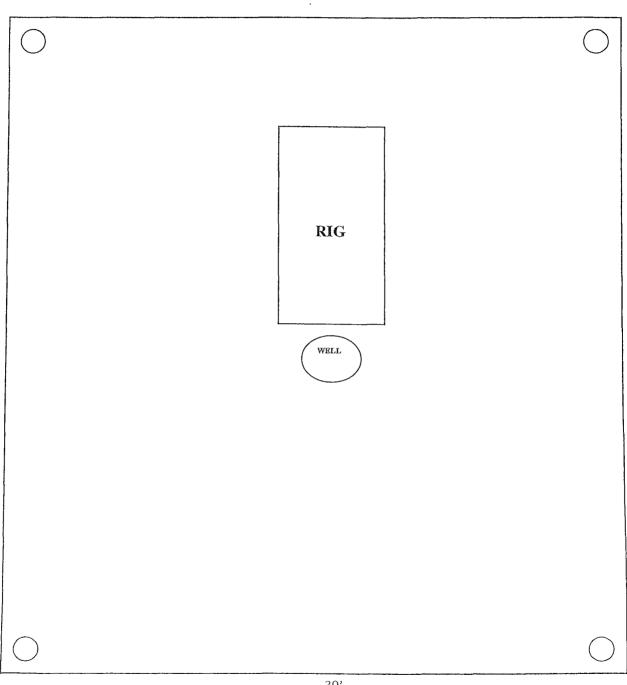
All circulating systems to be inspected DAILY during drilling operations.

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

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-	2 minutes - Car	~~	-	

NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

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



30' ←►

STEEL PIT