State of New Mexico Denartment Dr., Hobbs, NM 88240 District II Denartment Denartment Denartment <u>District I</u> 1625 N French Dr , Hobbs, NM 88240

Form C-144 CLE July 21, 200

District III 1000 Rio Biazos Road, Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505

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

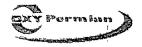
ystem Permit or Closure Plan Application

(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 ındividual 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
Operator. OXY USA WTP LP OGRID# 192463
Address: P.O. Box 50250 Milland, TX 79710
Facility or well name Myens langle Mattix Unit # 259
API Number. 30-025-32534 - OCD Permit Number P1-04867
U/L or Qtr/Qtr F Section 3 Township 235 Range 37E County Lea
Center of Proposed Design. Latitude 32.26069 Longitude 103.20554 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
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 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 Recognition R 360 Disposal Facility Permit Number: WW-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) 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) David Stewart Title Regulation Adutson
Signature Date 6/27/12

7					
OCD Approval: Permit Application (including closure plan) Closure P.	lan (only)				
OCD Representative Signature: Maley African	Approval Date: 7/3/2012				
Title: Compliance Office	Approval Date: 7/3/2012 OCD Permit Number: P1-D4867				
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 prior to the plan prior to	o implementing any closure activities and submitting the closure repor he completion of the closure activities. Please do not complete this				
v	Closure Completion Date:				
Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, driltwo facilities were utilized.	That Utilize Above Ground Steel Tanks or Haul-off Bins Only: ling fluids and drill cuttings were disposed. Use attachment if more the				
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 Yes (If yes, please demonstrate compliance to the items below) 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 r belief I also certify that the closure complies with all applicable closure requirements.	eport is true, accurate and complete to the best of my knowledge and lents and conditions specified in the approved closure plan.				
Name (Print)	Title				
Signature	Date:				
e-mail address	Telephone:				



New Mexico Drilling Daily Circulating System Inspection For Closed Loop Systems

Wellname:	Wellname:			Permit #: Rig Mobe D			i i i	" and analyticalized through
County:	Rig Demot			Date:	the distance of the second sec	hisasini nini j		
Inspection Date	Time	By Whom	Any drips or leaks from contained?* Explain.	steel tanks, lines or	pumps not	Has any I disposed	nazardous waste of in system?	been
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	Samuel Charles and						a papanasaka makangan gapan nengerakan mengenggan mengenggan mengenggan dan sebagai sebas sebas sebas sebas se Sebas sebas se	
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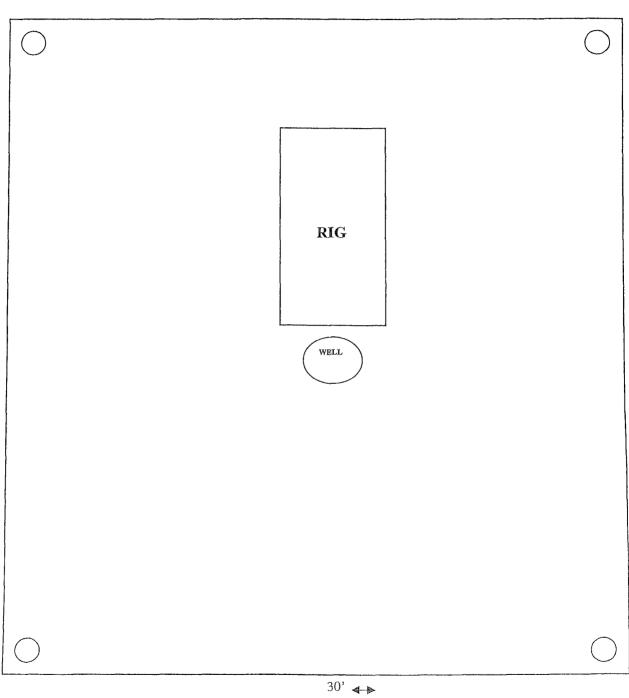
All circulating systems to be inspected DAILY during drilling operations.

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

Page ___ of ___

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

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



STEEL PIT