State of New Processing Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 Department

Form C-144 CLEZ Revised August 1, 2011

District II JUL 19 2012 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410

District I

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.

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87325CFIVED

## 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)

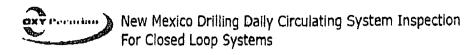
Type of action: X Permit Closure

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.					
Operator: Occidental Permian Ltd. OGRID#: 157984					
Address: P.O. Box 4294, Houston, TX 77210-4294					
Facility or well name: North Hobbs G/SA Unit No. 943					
API Number: 30-025-37435 OCD Permit Number: P1-54962					
U/L or Qtr/Qtr H Section 19 Township 18-S Range 38-E County: Lea					
Center of Proposed Design: Latitude 32 43 59.9398 Longitude −103 10 46.2900 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) P&A					
3. 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					
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:					
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: Sundown Services Parabo Facility Disposal Facility Permit Number: NM-01003					
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) X 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): Mark Stephens Title: Reg. Comp. Analyst					
Signature: Date: 7/19/12					
e-mail address: Mark Stephens@oxy.com Telephone: (713) 366-5158					

OCD Approval: Permit Application (including closure plan) Closure Plan (gnly)						
OCD Representative Signature: Approval Date:						
OCD Representative Signature: Approval Date: Approval Date:						
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: nstructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than wo facilities were utilized.						
Disposal Facility Name: Disposal Facility Permit Number:						
Disposal Facility Name: Disposal Facility Permit Number:						
Vere 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						
Compacted 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						
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.						
Vame (Print): Title:						
ignature:Date:						
-mail address: Telephone:						



Wellname:				Permit #:			Rig Mobe D	ate:	
County:		···			Rig. Demobe			e Date:	
Inspection Date		Time	By Whoin	Any drips or leaks from steel tanks, lines or pumps not disposed of in system?					
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	NM Daily Circulating System Inspection - Closed-loop
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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.

