## <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy Minerals and Natural Resources

Department

Form C-144 CLI July 21, 20

District II

1301 W Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Road, Aztec, NM 87410

District IV HOBBS OCD

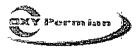
Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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.

1220 S. St Francis Dr., Santa Fe, NM 87505

Closed-Loop System Permit or Closure Plan Application
(that only use above specificants 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 ordinance.
1. Operator: 077 USW Inc. OGRID#: 16696
Address: P.O. Box 50250 M: Lland, TX 79710
Facility or well name: Central Coubin Queen Unit #403
API Number: 30-025-29530 OCD Permit Number: \$\frac{1}{2}\tag{501}\$
U/L or Qtr/Qtr F Section 9 Township 185 Range 33E County: Lea
Center of Proposed Design: Latitude 32.76370 Longitude 103.66974 NAD: 7927 1983
Surface Owner: Federal State Tribal Trust or Indian Allotment
Surface Owner: Federal State Private I Tribal Trust of 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)
Above Ground Steel Tanks or Haul-off Bins
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 19.15.3.103 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 Recovery Inc. R369 isposal Facility Permit Number: WM-01-0004
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
s. 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): Duvid Stewatt Title: Regulation Helvison
Signature: Date: 7/23/(1
-mail address: de vid stewart@oxy.com Telephone: 432-685-5717

Disposal Facility Name: Disposal Facility Permit Number:  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?	OCD Approach Descrit A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Plan (aply)
Title:		
Closure Report (required within 60 days of closure completion): Subsocition K 6719.15.17.17 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 its 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 Report R	OCD Representative Signature:	Approval Date: 5-C-CO/C
Closure Report (required within 60 days of closure completion): Subsocition K 6719.15.17.17 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 its 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 Report R	Title: DIST. WHIS	OCD Permit Number: P1 105011
To 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 entitings were disposed. Use attachment if more than two facilities were utilized.  Disposal Facility Name:  Disposal Facility Permit Number:  Disposal Facility Name:  Disposal Facility Permit Number:  Ware the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yest (If yes, please demonstrate compliance to the items below) \  \text{ No Required for impacted areas which will not be used for future service and operations:  \  \text{ Site Reclamation (Photo Documentation)} \  \text{ Site Reclamation (Photo Documentation)} \  \text{ Site Reclamation (Photo Documentation)} \  \text{ Poetrator Closure Certification:} \   Interval of the Property of the 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:  Signature:  Date:  Date:  Telephone:	Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of	on K of 19.15.17.13 NMAC  r to implementing any closure activities and submitting the closure report.  f the completion of the closure activities. Please do not complete this
Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more that 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) Nerguired for impacted areas which will not be used for future service and operations? Site Reclamation (Photo Documentation) and Cover Installation Revegetation Application Rates and Seeding Technique  10		Closure Completion Date:
Disposal Facility Name: Disposal Pacility 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) No  Required for impacted areas which will not be used for future service and operations:  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique  Towns over 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:  Signature: Date:  —mail address: Telephone:  Telephone:	Instructions: Please indentify the facility or facilities for where the liquids, dr	
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)   No	Disposal Facility Name:	Disposal Facility Permit Number:
Yes (If yes, please demonstrate compliance to the items below)   No    Required for impacted areas which will not be used for future service and operations:		-
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):	☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No  Required for impacted areas which will not be used for future service and operation of Site Reclamation (Photo Documentation) ☐ Soil Backfilling and Cover Installation	·
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):	10.	
Signature:		
e-mail address:	Name (Print):	Title:
	Signature:	Date:
	e-mail address:	Telephone:



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

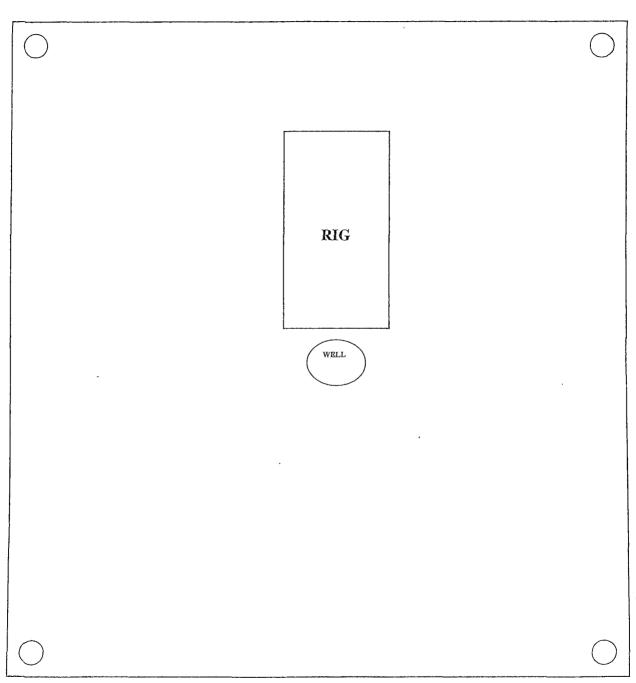
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ounty:		X				Rig Demobe	Date:		
Inspection	Date	Time	By Whom	Any drips or leaks for contained?* Explain.	rom steel tanks, lines or	pumps not	Has any disposed	hazardous waste of in system?	been
				- Carlotte			***************************************		
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Il 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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NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

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



30′ ◢⊸⊳

STEEL PIT

15, 🔻