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District IState of New MexicoForm C-144 CL1625 N. French Dr., Hobbs, NM 88240NOBSEnergy Minerals and Natural ResourcesRevised August 1, 2District IIB11 S First St., Artesia, NM 88210DepartmentOil Conservation Division1000 Rio Brazos Road, Aztec, NM 87410JUL 22District IV1220 S st. Francis Dr., Santa Fe, NM 87505Santa Fe, NM 87505	2011 ose		
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.			
I. Operator: CHEVRON U.S.A. INC. OGRID #:4323			
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Address:15 SMITH ROAD, MIDLAND, TEXAS 79705			
Facility or well name: CROSS BONES 2 29 #1H			
API Number: 30-025-40706 OCD Permit Number: <u>P1-05013</u>			
U/L or Qtr/Qtr M Section 29 Township 18S Range 32E County: LEA			
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 DRILL NEW FEDERAL WELL			
Above Ground Steel Tanks of E Haul-off Bins DRILL NEW FEDERAL WELL			
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.			
<u>Closed-loop Systems Permit Application Attachment Checklist</u>: Subsection B of 19.15.17.9 NMAC <i>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</i>			
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. 5. W 4 D 1 Cl D C 4 TH 4 U(2) All a Constant Start Tenter of Units (2010) (10.15.17.12 D ND(4C))			
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: CONTROLLED RECOVERY INC. (CRI) Disposal Facility Permit Number: R9166-NM-01-0006			
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 <i>will not</i> 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): DENISE PINKERTON · Title: REGULATORY SPECIALIST			
Signature: Date: 07-25-2012			
e-mail address: <u>leakejd@chevron.com</u> Telephone: 432-687-7375			
Form C-144 CLEZ Oil Conservation Division Page 1 of 2			

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:	Approval Date: 08/02/12		
Title: PETROLEUM ENGAVEL	OCD Permit Number: <u>P1-05013</u>		
8. <u>Closure Report (required within 60 days of closure completion)</u> : 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:		
9. <u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u> 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 Permit Number: 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 <i>will not</i> 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: Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique			
 <u>Operator Closure Certification</u>: 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:		
Signature:	Date:		
e-mail address:	Telephone:		

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H&P 227 BOP Stack









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450'

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Operating & Maintenance Plan

- Cuttings will be discharged from shaker into cuttings bins/tanks
- Cuttings bins/tanks will be monitored so that it will not be overfilled
- The cuttings bins/tanks will be visually inspected for fluid integrity on a daily basis
- Documentation of fluid inspection will be captured on daily reports

Closure Plan

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- Drilled cuttings will be removed from the cuttings bins/tanks using a backhoe and placed in a suitable transport container.
- Drilled cuttings will be disposed of at a suitable off-location waste facility