District I
1625 N. French Dr., Hobbs, NM 88240
HOBBS OCD District II
1301 W. Grand Avenue, Artesia, NM 88210
District III District III 1000 Rio Brazos Road, Aztec, NM 87007 2 6 2012 District IV 1220 S. St Francis Dr , Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources Department

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

July 21, 2008

Form C-144 CLEZ

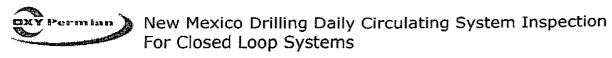
For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed Poop 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 that only use above ground steel tanks or haul-off bins and					
Please be advised that approval of this request does not relieve the operator of liab nvironment. Nor does approval relieve the operator of its responsibility to compl					
Operator: OXY USA WTP LP		_ OGRID #:	1924	63	
Operator: Oxy USA WTP LT Address: P.O. Box 50250 Millian	477				
Facility or well name: State N #5	- 1,1,1	<u> </u>			
	CD Permit N	Jumber:	P1-0.	5377	
U/L or Qtr/Qtr M Section 7 Township 22					
	-	103.24	•	NAD: 1927	1083
Surface Owner: Federal State Private Tribal Trust or Indian Al		,0,0,0		NAD. [2] 1921 [_	1703
2.	loment				
Closed-loop System: Subsection H of 19.15.17.11 NMAC					
Operation: Drilling a new well Workover or Drilling (Applies to acti	vities which	require prior a	approval of a per	mit or notice of intent)	P&A
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 eme	rgency telep	hone numbers	i		
Signed in compliance with 19.15.3.103 NMAC					
4. Closed-loop Systems Permit Application Attachment Checklist: Subsec	tion D of 10	15 17 0 NIMA	C		
Instructions: Each of the following items must be attached to the applications				he box, that the documents	are
attached.		indicate, by a	creen marie iii ii	20 2000, 00000 0000 0000000000000000000	
Design Plan - based upon the appropriate requirements of 19.15.17.11					
Operating and Maintenance Plan - based upon the appropriate require Closure Plan (Please complete Box 5) - based upon the appropriate re				NMAC and 19.15.17.13 N	MAC
☐ 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 Gr Instructions: Please indentify the facility or facilities for the disposal of lie	ound Steel	Tanks or Ha	ul-off Bins Only	: (19.15.17.13.D NMAC)	two
facilities are required.	,	ig jiuius unu i	irin cuitings. Os	е шисттет у тоге тап	ino
Disposal Facility Name: Control Recognition	Dispo	osal Facility P	ermit Number: _	WM-01-6006	
Disposal Facility Name:	Dispe	osal Facility P	ermit Number: _		
Will any of the proposed closed-loop system operations and associated activ Yes (If yes, please provide the information below) No	ities occur o	n or in areas tl	nat will not be us	ed for future service and op	erations'
Required for impacted areas which will not be used for future service and op	erations:				
Soil Backfill and Cover Design Specifications based upon the appr	opriate requi	irements of Su	bsection H of 19	0.15.17.13 NMAC	
Re-vegetation Plan - based upon the appropriate requirements of Subs Site Reclamation Plan - based upon the appropriate requirements of S	ection I of 1	9.15.17.13 NN	MAC 3 NMAC		
6.	absection G	01 19.13.17.1.	NMAC		
Operator Application Certification:					
I hereby certify that the information submitted with this application is true,	accurate and	complete to the	he best of my kno	owledge and belief.	
Name (Print): Varoit Stewart		Title: Re	gulator	in Advisor	
Signature:		Date:	10/23/	رع	
e-mail address: david_stewarte oxy.com	,		432-635		
man address.		тетерионе:	170- 60	· · · · · · · · · · · · · · · · · · ·	

OCD Approval: Permit Application (including closure plan) Closure	
OCD Representative Signature:	
Title:DSf.Megr.	OCD Permit Number: P1-95377
8. <u>Closure Report (required within 60 days of closure completion)</u> : Subsection Instructions: Operators are required to obtain an approved closure plan prion The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the	r to implementing any closure activities and submitting the closure report f the completion of the closure activities. Please do not complete this
	Closure Completion Date:
Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dutwo 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 Yes (If yes, please demonstrate compliance to the items below) No	or 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	ations:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure require	
Name (Print):	Title:
Signature:	Date:
e-mail address:	



Wellname:	Permit #:	Rig Mobe Date:
County:		Rig Demobe Date:

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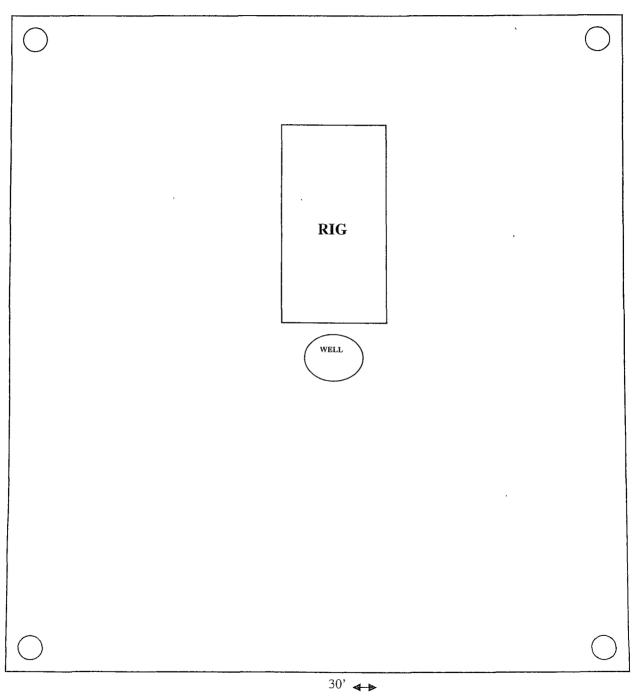
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NM Daily Circulating System Inspection - Closed loop REV 0 8/4/2008

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.

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



STEEL PIT