State of New Mexico 1625 N French Dr. Hollins, NM 88240 Minerals and Natural Resources

District III 7000 Rio Brazos Road, Aztec, NM 87410 NOV 19 2012 Oil Conservation Division

District IV 1220 S St. Francis Dr., Santa Fe, NM 87400BBSUCD 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ July 21, 2008

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-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. lease 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 nynonment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. Operator: Chévron USA/INC.. OGRID#: 4323 Address. 15. Smith Road Midland, TX 79705 Facility or well name: EVELYN LINEBERRY 3 OCD Permit Number: \$1-05459 API Number: \_\_\_\_\_30-025-25413\_\_\_\_\_ U/L or Qtr/Qti \_\_L\_\_\_ Section \_\_29 \_\_\_ Township \_\_22-S \_\_\_ Range \_\_\_38E \_\_County: \_\_Lea\_\_\_\_ \_\_\_\_\_Longitude \_\_\_\_\_\_\_ NAD: 🔲 1927 🔲 1983 Center of Proposed Design: Latitude 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 of 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 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 ☑ 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 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: SUNDANCE INC Disposal Facility Permit Number. NM-01-003 Disposal Facility Name: R360 Disposal Facility Permit Number: NM-01-0006 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 Lof 19.15.17.13 NMAC ☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC · 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): Robert Holden Title: AGENT Date: 11-16-2012

OCD Approval: Permit Application (including viosure plin) Cloude P	lan (only)								
OCD Representative Signature:	Approval Date: // 19-20/2								
itle: DES. NOTO OCD Permit Number: 91-05459									
8 Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior t The closure report is required to be submitted to the division within 60 days of t section of the form until an approved closure plan has been obtained and the cl	to implementing any closure activities and submitting the closure report. The completion of the closure activities. Please do not complete this								
9 Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, dril 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 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 operate  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique	ions:								
Operator Closure Certification:									
I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure requirements.									
Name (Print):	Title:								
0	1								
Signature: · · ·	Date:								
e-mail address:	Telephone:								

## **EVELYN LINEBERRY 3**

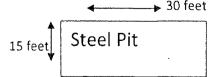
## C-144 CLEZ P&A Rig Lay out

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RIG

) Well Head



Wellname:	EVELYN L	INEBERRY 3	Permit #:			Rig Mobe Date:				
County:	Le	a Co.				Rig Demo	be Date:	·····		
			Any drips or leaks from steel tanks, lines or pumps					Has any hazardous waste been		
Inspection Date	Time	By Whom	not contained? * Explain					disposed of in system?		
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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.