

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
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

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.

RECEIVED  
**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.

1.  
Operator: OXY USA WTP LP OGRID #: 16696  
Address: PO BOX 50250 - Midland, TX 79710  
Facility or well name: East Eumont Unit 201  
API Number: 30-025-40937 OCD Permit Number: N/A P1-05644  
U/L or Qtr/Qtr M Section 3 Township 19S Range 37E, NMPM County: Lea  
Center of Proposed Design: Latitude N 32.6855176° Longitude W 103.2472568° 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  
 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

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 identify 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. R360 Disposal Facility Permit Number: R9166 NM-01-0006  
Disposal Facility Name: Sundance Landfill Disposal Facility Permit Number: NM-01-003  
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

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): Anthony Tschacher Title: Drilling Engineer  
Signature: [Signature] Date: 1/3/13  
e-mail address: anthony\_tschacher@oxy.com Telephone: (713) 985-6949

7. **OCD Approval:**  Permit Application (including closure plan)  Closure Plan (only)

OCD Representative Signature: [Signature] Approval Date: 1-29-2013

Title: Dist. Mgr. OCD Permit Number: P1-05644

8. **Closure Report (required within 60 days of closure completion):** 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. **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 cuttings 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: \_\_\_\_\_

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:*

- Site Reclamation (Photo Documentation)
- Soil Backfilling and Cover Installation
- Re-vegetation Application Rates and Seeding Technique

10. **Operator Closure Certification:**

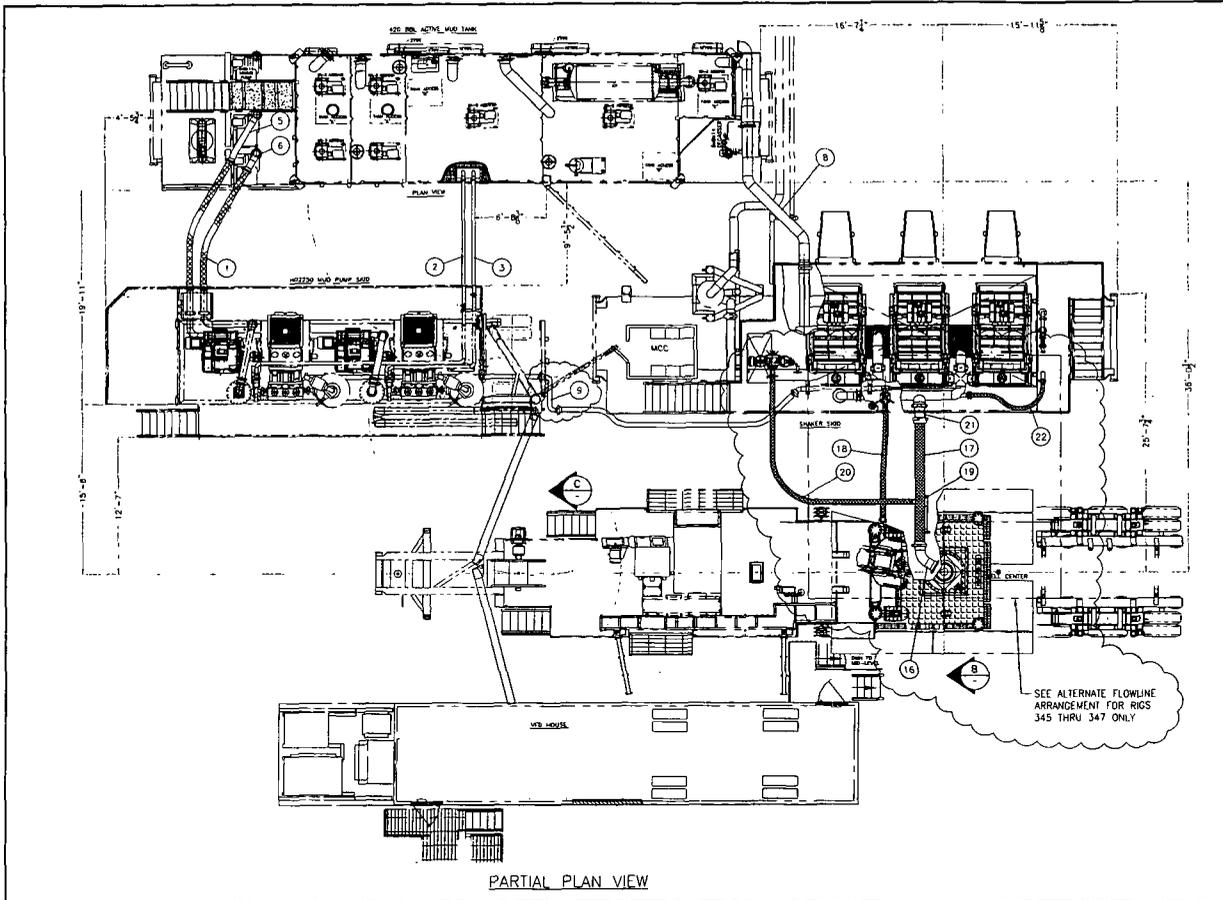
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

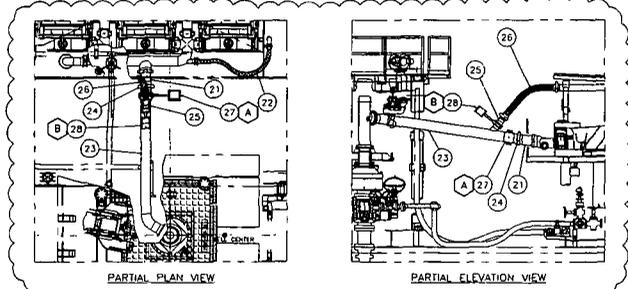
e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_





PARTIAL PLAN VIEW

**ISSUED FOR FABRICATION**  
 October-23-2008  
 DRAFTSMAN \_\_\_\_\_  
 ENGINEER \_\_\_\_\_



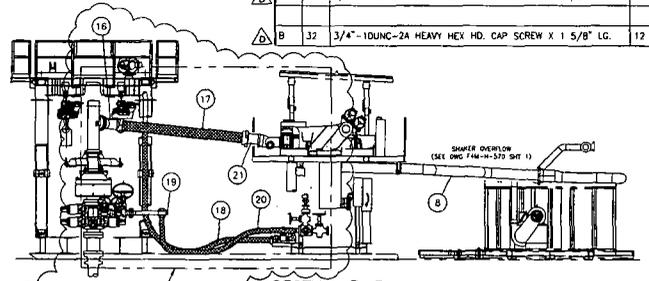
ALTERNATE FLOWLINE ARRANGEMENT  
 (FOR RIGS 345 THRU 347 ONLY)

**PROPRIETARY**  
 THIS DRAWING AND THE IDEAS AND INFORMATION INCLUDED IN THIS DRAWING ARE PROPRIETARY AND ARE NOT TO BE REPRODUCED, DISTRIBUTED OR DISCLOSED IN ANY MANNER, WITHOUT THE PRIOR, WRITTEN CONSENT OF A DULY AUTHORIZED OFFICER OF HELMERICH & PAYNE INT'L DRILLING CO.

BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
1	2	LOW PRESSURE SPOOL #1	MK.F4M-H-570.D1F	239
2	1	POP-OFF/BLEED SPOOL #1	MK.F4M-H-570.D1A	157
3	1	POP-OFF/BLEED SPOOL #2	MK.F4M-H-570.D1B	140
4		DELETED		
5	1	LOW PRESSURE SUCTION SPOOL #1	MK.F4M-H-570.D1H	199
6	1	LOW PRESSURE SUCTION SPOOL #2	MK.F4M-H-570.D1M	101
7	1	HOSE-HIGH PRESSURE	MK.F4M-H-570.D1G	276
8	1	OVERFLOW RETURN SPOOL	MK.F4M-H-563.05A	678
9	1	MUD PUMP/SHAKER SPOD SPOOL	MK.F4M-H-570.D1E	181
10	Z2FT	1S 1 1/2x1 1/2x3/16 (A500)		150
11	1	POP-OFF PIPE HANGER SUPPORT	MK.F4M-H-570.D1C	30
12	1	L3x3x1/4 (1'-6" LG) (A36)		7
13	1	L3x3x1/4 (1'-6" LG) (A36)		7
14	1	PLATE, 1/4" THK. 4x2'-3 1/4" (A36)		8
15	1	L3x3x1/4 (4'-11 3/4" LG) (A36)		25
16	1	SHAKER FLOWLINE	MK.F4M-H-562.02A	230
17	1	SHAKER FLOWLINE	MK.F4M-H-562.02B	281
18	1	HOSE	MK.F4M-H-563.03E	
19	1	SPOOL #1		182
20	1	HIGH PRESSURE HOSE, 3" I.D. x 29'-0" LG. WITH 3 1/8" - 5W FLANGED ENDS	FIDENY BEATY	
21	1	SHAKER FLOWLINE	MK.F4M-H-562.02C	73
22	1	SHAKER SPOOL	MK.F4M-H-562.03B	177

RIGS 345 - 347 ONLY BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
23	1	SHAKER FLOWLINE	MK.F4M-H-563-04A	656
24	1	SHAKER FLOWLINE	MK.F4M-H-563-04B	118
25	1	SHAKER FLOWLINE	MK.F4M-H-563-04C	67
26	1	SHAKER FLOWLINE HOSE	MK.F4M-H-563-04D	77
27	1	FABRI - 10" AIR ACTUATED KNIFE GATE VALVE		66
28	1	FABRI - 6" AIR ACTUATED KNIFE GATE VALVE		52
HARDWARE				
A	24	7/8"-9UNC-2A HEAVY HEX HD. CAP SCREW X 2 1/8" LG.		18
B	32	3/4"-10UNC-2A HEAVY HEX HD. CAP SCREW X 1 5/8" LG.		12

THESE ITEMS REPLACE ITEMS 16 & 17



SECTION B-B

SEE ALTERNATE FLOWLINE ARRANGEMENT FOR RIGS 345 THRU 347 ONLY

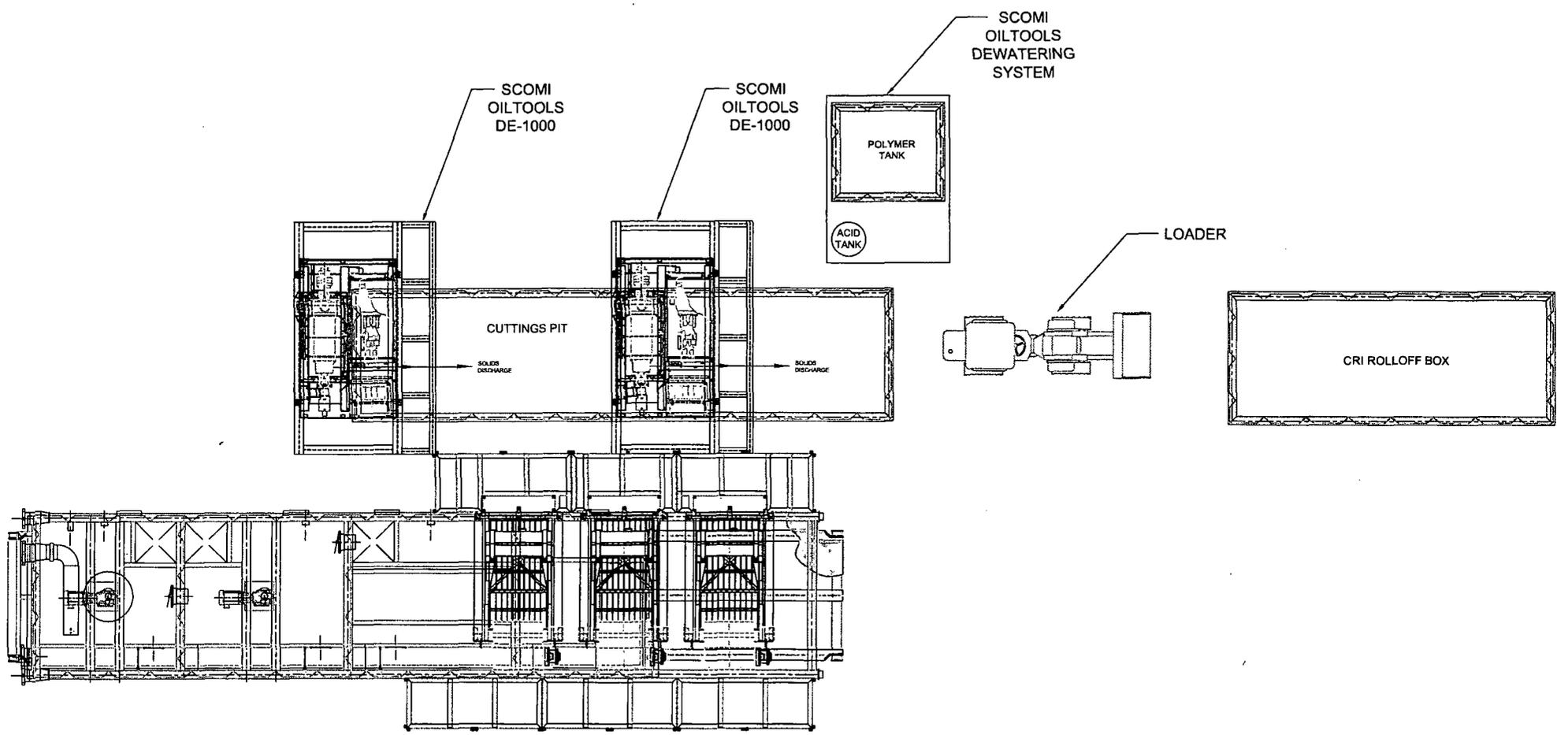
**HELMERICH & PAYNE**  
 INTERNATIONAL DRILLING CO.

ENGINEERING APPROVAL	DATE	TITLE
△		
△	10/23/08	ISSUED FOR FABRICATION
△	09/04/08	REVISED
△	08/05/08	ADDED SHT 2 & BOM
△	07/17/08	ADDED XX-HVY PIPING TO POP-OFF
REV	DATE	DESCRIPTION

CUSTOMER:	OXY PERMIAN
PROJECT:	F4M
DRAWN:	DJOHNSON
DATE:	07/08/08
DWG. NO.:	F4M-H-568
SCALE:	3/16"=1'-0"
SHEET:	1 OF 2
REV:	D



BILL OF MATERIAL				
ITEM	QTY.	DESCRIPTION	LENGTH	WEIGHT



NO.	REVISIONS	BY	CHK'D	APP'D	DATE

1. ALL STRUCTURAL MATERIAL SHALL BE ASTM - A36.  
 2. ALL PIPE SCH. 40 MATERIAL SA 106 Gr. B  
 3. ALL FLANGES SHALL BE SCH. 150 & MATERIAL SA 105.  
 4. ALL FITTINGS SCH. 40 MATERIAL SHALL BE SA 234 Gr. WPB.  
 5. TANK FABRICATION SHALL BE IN ACCORDANCE WITH API-650.

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TITLE :  
**CLOSED LOOP SYSTEM  
 BASIC LAYOUT  
 OXY - H&P - FLEX 4 M**

DRAWN BY PDL	DATE 3/30/06	CHECKED BY	DATE
APPROVED	DATE	SCALE NTS	ACID ENCL. D

**Scomi**  
 681 W. Ross Mountain Parkway East, Suite 200,  
 Houston, Texas 77068  
 PHONE: (813)-288-8618, FAX: (813)-288-8288

JOB NO.	DRAWING NO.	REV.
	521S-027	

OXY FLEX IV PAD (Closed Loop System)

Rev 890 US14/2004

