

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

HOBBES OCD
JAN 28 2013

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 204
API Number: 30-025-40940 OCD Permit Number: N/A P1-05647
U/L or Qtr/Qtr N Section 3 Township 19S Range 37E, NMPM County: Lea
Center of Proposed Design: Latitude N 32.6818852° Longitude W 103.2427939° 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

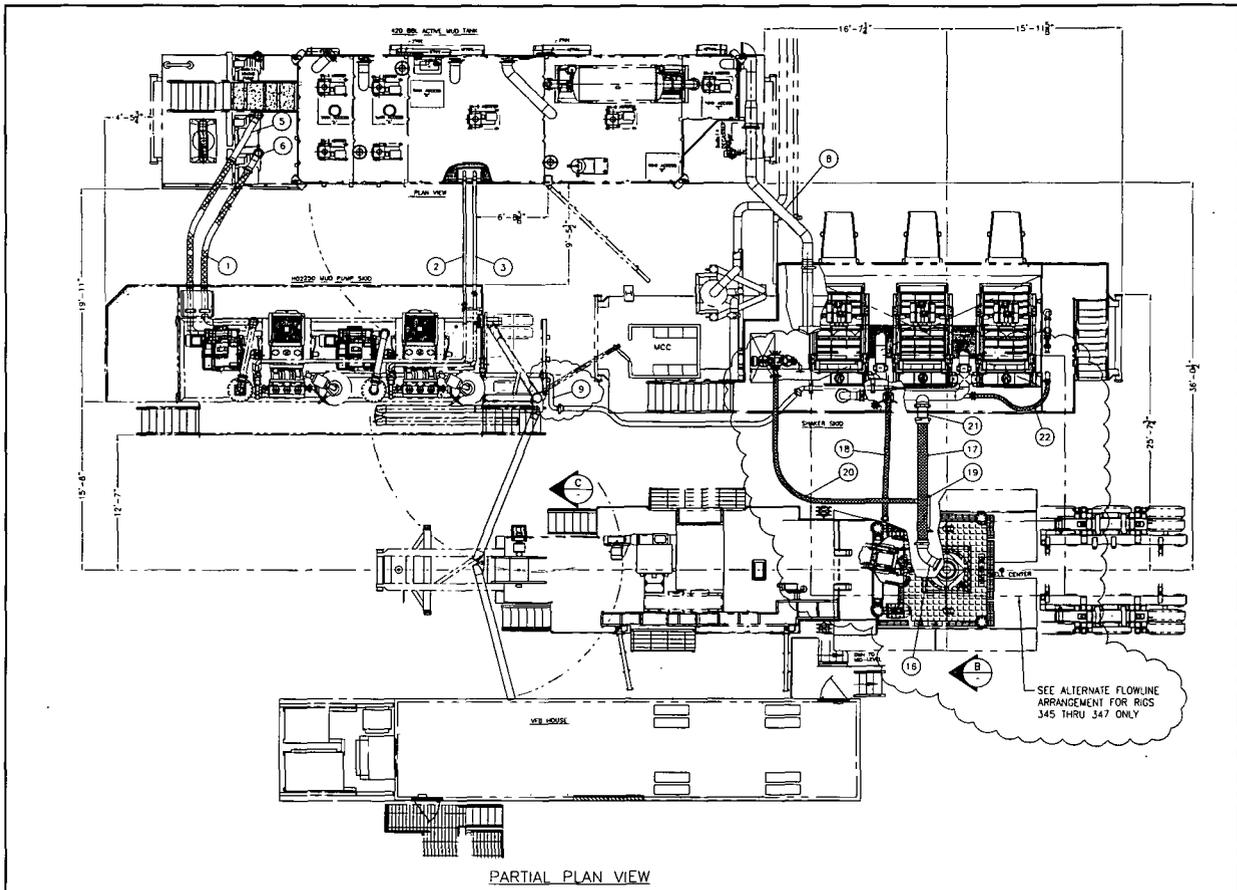
6.
Operator Application Certification:
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print): Anthony Tschacher Title: Drilling Engineer
Signature: [Signature] Date: 1/3/13
e-mail address: anthony_tschacher@oxy.com 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:** A-05647

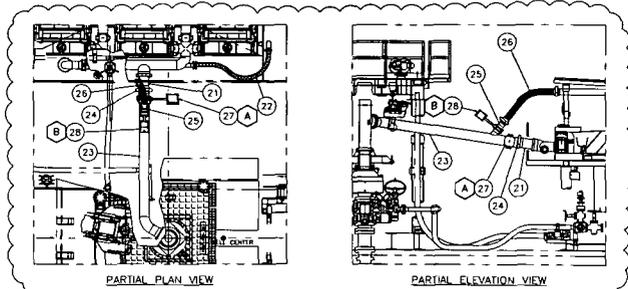
8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC
Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted 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 identify 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: _____

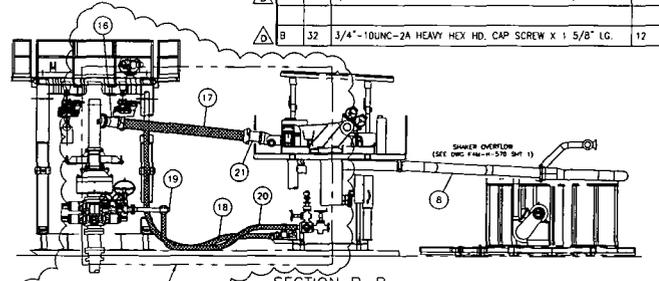


PARTIAL PLAN VIEW



ALTERNATE FLOWLINE ARRANGEMENT
(FOR RIGS 345 THRU 347 ONLY)

ISSUED FOR FABRICATION
October-23-2008
DRAFTSMAN _____
ENGINEER _____



SECTION B-B

HELMERICH & PAYNE
INTERNATIONAL DRILLING CO.

BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
1	2	LOW PRESSURE SPOOL #1	WLFAM-H-570D1F	239
2	1	POP-OFF/BLEED SPOOL #1	WLFAM-H-570D1A	157
3	1	POP-OFF/BLEED SPOOL #2	WLFAM-H-570D1B	140
4		DELETED		
5	1	LOW PRESSURE SUCTION SPOOL #1	WLFAM-H-570D1D	199
6	1	LOW PRESSURE SUCTION SPOOL #2	WLFAM-H-570D1H	101
7	1	HOSE-HIGH PRESSURE	WLFAM-H-570D1G	276
8	1	OVERFLOW RETURN SPOOL	WLFAM-H-563D6A	678
9	1	MUD PUMP/SHAKER SKID SPOOL	WLFAM-H-570D1E	181
10	22FT	TS 1 1/2x1 1/2x3/16 (A500)		150
11	1	POP-OFF PIPE HANGER SUPPORT	WLFAM-H-570D1C	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	WLFAM-H-562D2A	230
17	1	SHAKER FLOWLINE	WLFAM-H-562D2B	281
18	1	HOSE	WLFAM-H-563D3E	
19	1	SPOOL #1	WLFAM-H-564D2A	182
20	1	HIGH PRESSURE HOSE, 3" I.D. x 29'-0" LG. F40ENT BEATTY WITH 3 1/8" - SM FLANGED ENDS		
21	1	SHAKER FLOWLINE	WLFAM-H-562D2C	73
22	1	SHAKER SPOOL	WLFAM-H-562D2B	177

RIGS 345 - 347 ONLY BILL OF MATERIAL				
ITEM NO.	QUAN.	DESCRIPTION	PART NUMBER	WT.
23	1	SHAKER FLOWLINE	WLFAM-H-569-04A	656
24	1	SHAKER FLOWLINE	WLFAM-H-569-04B	118
25	1	SHAKER FLOWLINE	WLFAM-H-569-04C	67
26	1	SHAKER FLOWLINE HOSE	WLFAM-H-569-04D	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"-BUNC-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

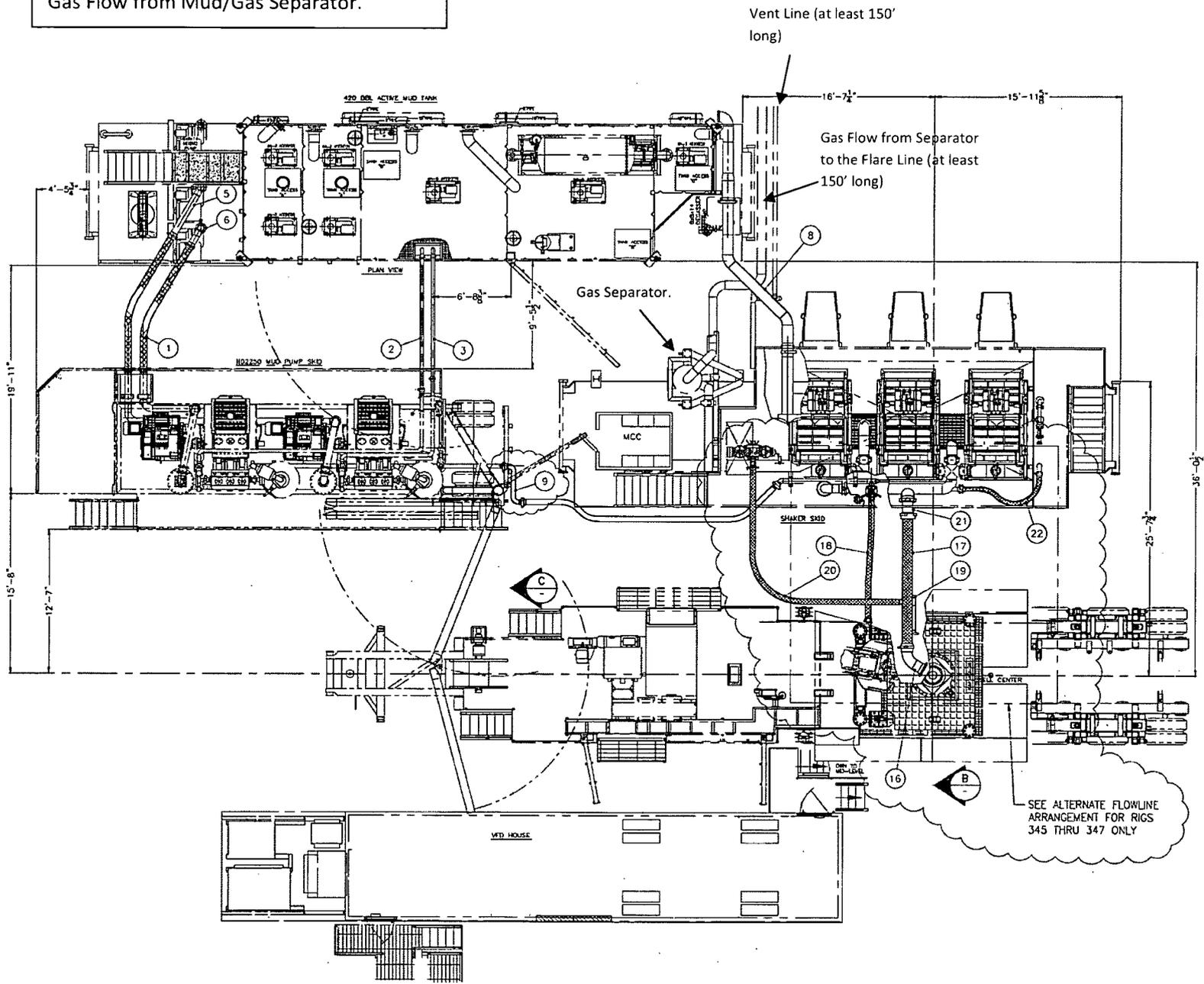
THESE ITEMS REPLACE ITEMS 16 & 17

REV	DATE	DESCRIPTION	BY
10/23/08		REVISED TO ADD ALL PARTIAL AND FULL 1/2" DIA. & NUMBER 4 & 8 CONNECT. SEE PIPING PLAN 2, 3 & 4. SEE ALSO TRIM CLOSURE TO SHAKER	CC/AMM
09/04/08		ADDED SH1 2 & BDM	DRJ
08/05/08		ADDED X3-HVY PIPING TO POP-OFF	DRJ
07/17/08			DRJ

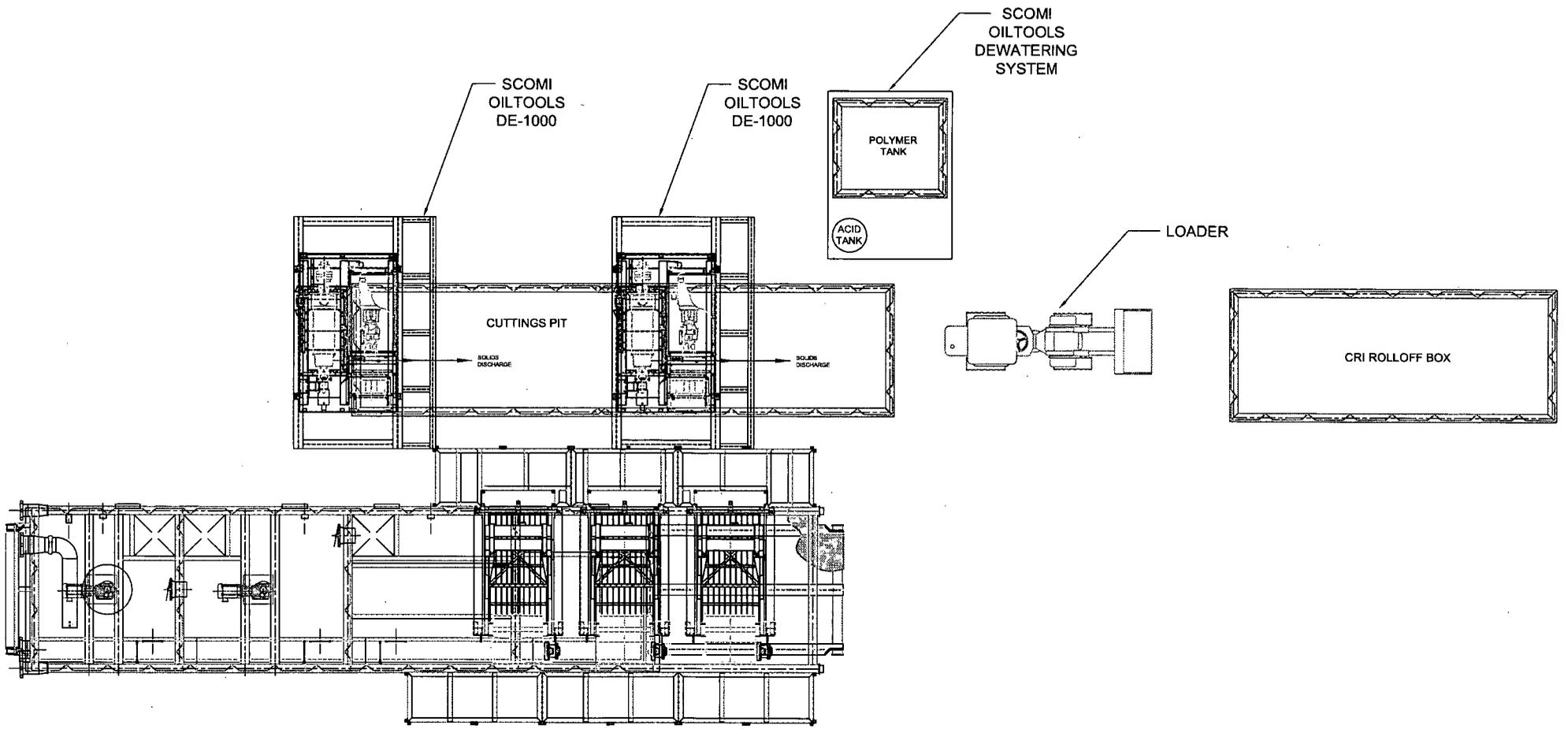
ENGINEERING APPROVAL	DATE	TITLE:
		MUD SYSTEM INTERCONNECT PIPING ASSEMBLY
		CUSTOMER: OXY PERMIAN
		PROJECT: F4M
		DRAWN: DJOHNSON DATE: 07/08/08 DWG. NO.: F4M-H-568
		SCALE: 3/16"=1'-0" SHEET: 1 OF 2

PROPRIETARY
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Gas Flow from Mud/Gas Separator.



BILL OF MATERIAL				
ITEM	QTY.	DESCRIPTION	LENGTH	WEIGHT



NO.	REVISION	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 SORF. 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 3/30/09	CHECKED BY	DATE
APPROVED	DATE	SCALE NTS	ACW DRW D

Scomi

681 N. Sam Houston Parkway East, Suite 800,
The Woodlands, Texas 77380
PHONE: (811)-880-8816, FAX: (811)-880-8888

JOB NO.	DRAWING NO. 521S-027	REV.
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OXY FLEX IV PAD (Closed Loop System)

Revised 05/14/2004

