

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

HOBBS OCD

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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.

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 Inc OGRID #: 16696
Address: PO BOX 50250 - Midland, TX 79710
Facility or well name: Cabin Lake 31 Federal 6H
API Number: 30-025-41088 OCD Permit Number: N/A PI-05983
U/L or Qtr/Qtr M Section 31 Township 21S Range 32E, NMPM County: Eddy
Center of Proposed Design: Latitude N 32.4292047° Longitude 103.7213679° 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. Disposal Facility Permit Number: R9166
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): Carlos Mercado Title: Drilling Engineer
Signature: [Signature] Date: 5/14/12
e-mail address: carlos_mercado@oxy.com Telephone: (713) 366-5418

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

OCD Representative Signature: _____ Approval Date: 04/04/13
Title: Petroleum Engineer OCD Permit Number: P1-05983

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

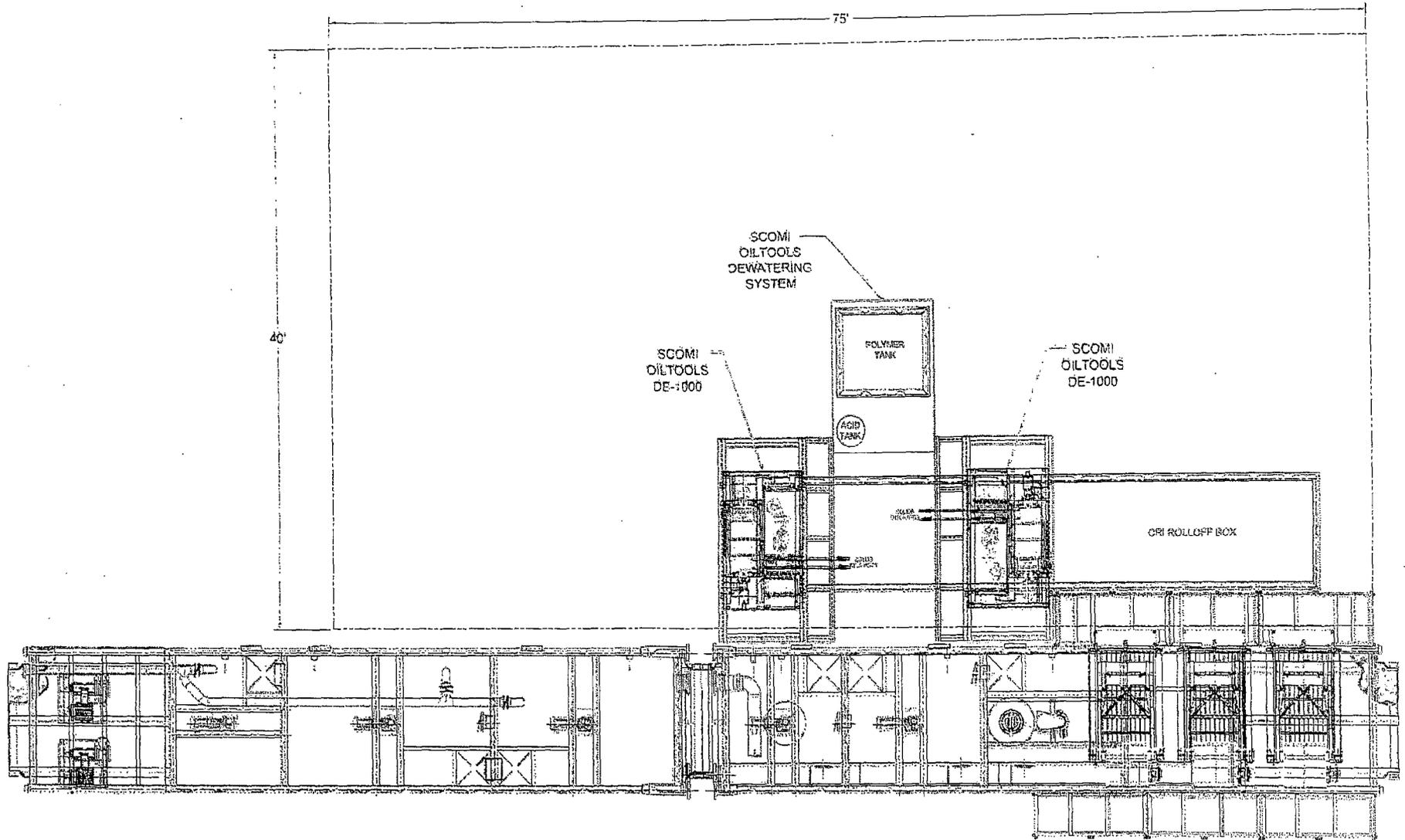
Required for impacted areas which will not be used for future service and operations:
 Site Reclamation (Photo Documentation)
 Soil Backfilling and Cover Installation
 Re-vegetation Application Rates and Seeding Technique

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: _____

62-1

ITEM NO.	DESCRIPTION	QUANTITY	WEIGHT
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NO.	DESCRIPTION	QTY	UNIT	WEIGHT	DATE
1	SCOMI OILTOOLS DEWATERING SYSTEM	1	UNIT		
2	POLYMER TANK	1	UNIT		
3	ACID TANK	1	UNIT		
4	SCOMI OILTOOLS DE-1000	2	UNIT		
5	ORI ROLLOFF BOX	1	UNIT		

1. ALL STRUCTURAL MATERIAL SHALL BE A36.
 2. ALL PIPE SCH. 40 MATERIAL OR 1/2" OR 3/4" DIA.
 3. ALL FLANGES SCH. 40 FLANGE 150# IN MATERIAL OR 150#.
 4. ALL FITTINGS SCH. 40 MATERIAL SHALL BE SA 234 OR WPS.
 5. TANK FABRICATION SHALL BE IN ACCORDANCE WITH API-650.
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FIG. 1
**CLOSED LOOP SYSTEM
 BASIC LAYOUT AND TIE IN
 OXY - H&P - FLEX RIGGS / PG 1 OF 2**

DESIGNED BY: DATE: 10/20/03
 CHECKED BY: DATE:
 APPROVED BY: DATE:

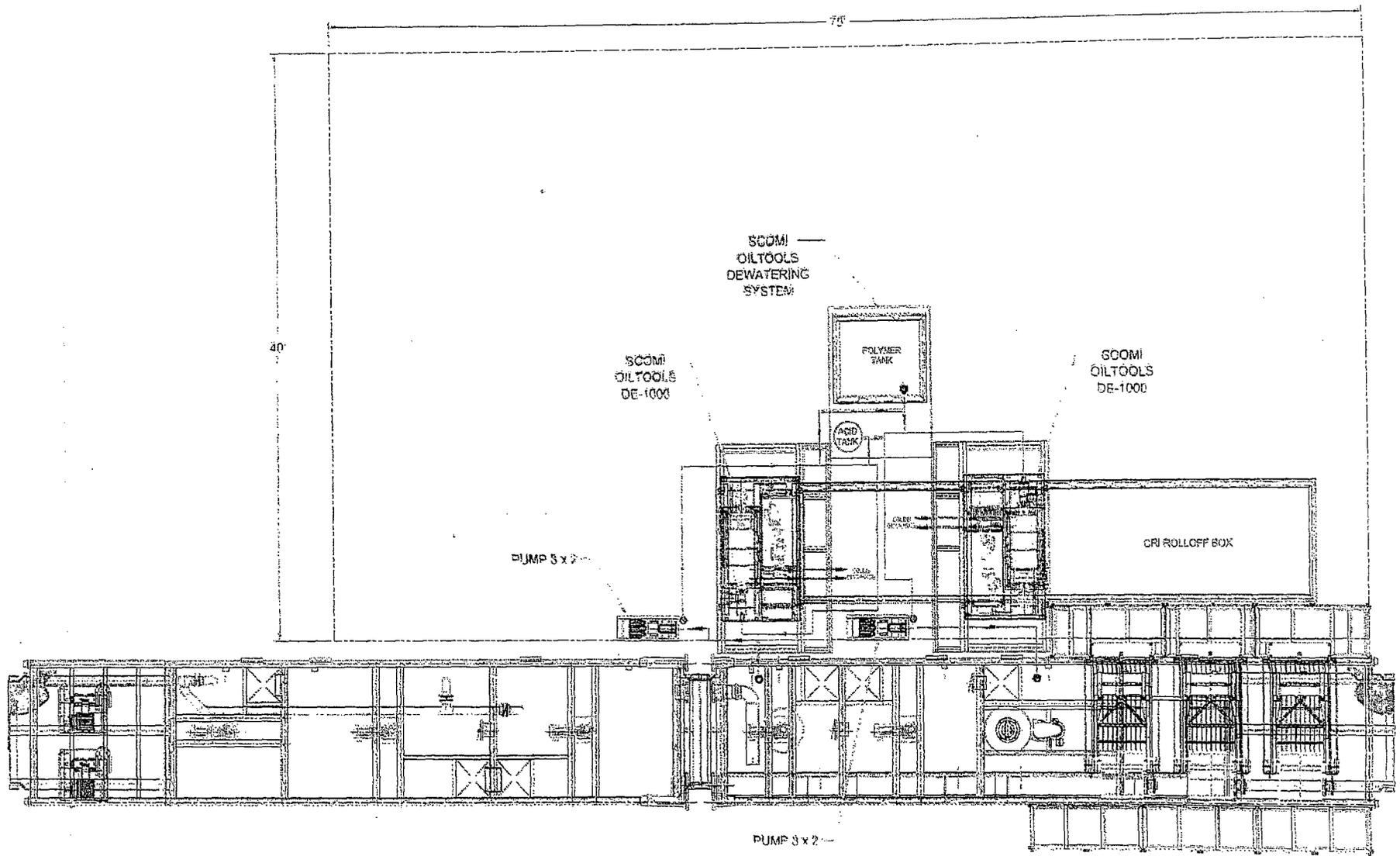
Scomi

101 H. SWAN MEMORIAL PARKWAY EAST, CHINA BEE,
 TEXAS, TEXAS 77501
 PHONE: (281) 268-8818, FAX: (281) 268-8848

FIG. NO. 521S-014
 SHEET NO. A

CL-2

BILL OF MATERIALS	
QUANTITY	WEIGHT



<p>1. ALL STRUCTURAL MEMBERS SHALL BE ASTM - A36 2. ALL PIPE SHALL BE MATERIAL SA 106 Gr B 3. ALL FLANGES SHALL BE SDRT. 150# OR MATERIAL SA 106 4. ALL FITTINGS SHALL BE MATERIAL SA 106 Gr B 5. TANK FABRICATOR SHALL BE BY AGREEMENT WITH SCS</p> <p>The designer, fabricator and installer are all fully aware of the drawings and copies are the exclusive copyrighted property of Scomi International Limited and are not to be reproduced or disclosed to others by any means, in any form, in whole or in part, without the prior written permission of Scomi International Limited. In the event of such permission, such copies shall be returned to Scomi International Limited upon request.</p>				<p>DATE: 15/02/08</p> <p>APPROVED: [Signature]</p>		<p>CLOSED LOOP SYSTEM BASIC LAYOUT AND TIE IN OXY - H&P - FLEX RIGS / PG 2 OF 2</p> <p>DATE: 15/02/08</p> <p>REVISION: [Signature]</p> <p>DATE: 15/02/08</p> <p>BY: [Signature]</p> <p>CHKD: [Signature]</p> <p>APPD: [Signature]</p> <p>DCC: [Signature]</p>		<p>Scomi</p> <p>8211 N. Santa Houston Parkway East, Suite 200 Houston, Texas 77060 PHONE: (281) 280-1010 FAX: (281) 280-0250</p> <p>521S-014</p>	
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RL-CL-4

