

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 87508

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

HOBBS OCD  
SEP 20 2013

For closed-loop systems above ground steel tanks or haul-off bins, Form C-144clez is no longer to be implemented. The operator still has to use Form C-144clez to propose and submit a permit or closure request other than for a closed-loop system. During this procedure, the operator must use the Closed-Loop System and haul contents to the required disposal.

**Closed-Loop System Permit or Closure**

(that only use above ground steel tanks or haul-off bins and proposed disposal)

Type of action:  Permit

PER OCD RULE 19.15.17: Form C-144clez is no longer required to be submitted, but the operator still has to use Form C-144clez to propose and submit a permit or closure request other than for a closed-loop system. During this procedure, the operator must use the Closed-Loop System and haul contents to the required disposal.

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 proposed disposal.

Please be advised that approval of this request does not relieve the operator of liability for environmental damage. Nor does approval relieve the operator of its responsibility to comply with applicable environmental authority's rules, regulations or ordinances.

1. Operator: OXY USA Inc      16696  
Address: PO BOX 50250 - Midland, TX 79710  
Facility or well name: Corbin South Federal #2  
API Number: 30-025-41424      OCD Permit Number: N/A  
U/L or Qtr/Qtr: L      Section 9      Township 18S      Range 33E, NMPM      County: Lea  
Center of Proposed Design: Latitude N 32.7598839°      Longitude W 103.6735518°      NAD:  1927       1983  
Surface Owner:  Federal       State       Private       Tribal Trust or Indian Allotment

FOR RECORD ONLY  
FILE 9-25-2013

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: 3/5/13  
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: \_\_\_\_\_

Title: \_\_\_\_\_ OCD Permit Number: **FOR RECORD ONLY**

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC

*ELG 9-15-2013*

*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: \_\_\_\_\_

