

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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

HOBBS OCD

Form C-144 CLEZ
Revised August 1, 2011

JAN 24 2014

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 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.

Operator: Chevron USA, Inc. OGRID #: 4323
Address: 15 Smith Road Midland, TX 79705
Facility or well name: BRINSTOOL 25 23 33 USA 2H
API Number: 30025 41627 OGD Permit Number: FOR RECORD ONLY
U/L or Qtr/Qtr C Section 25 Township 23S Range 33E County: LEA
Center of Proposed Design: Latitude 32.282621 Longitude 103.527722 NAD: ☒ 1927 ☐ 1983
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 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

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 19.15.16.8 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 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: _____

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: CRI Disposal Facility Permit Number: NM-01-0006
Disposal Facility Name: SUNDANCE DISPOSAL Disposal Facility Permit Number: NM-01-0003
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

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): Bryan Aarrant (Agent for Chevron) Title: Regulatory Specialist II
Signature: [Signature] Date: 04/02/2013
e-mail address: bryanarrant@chk.com Telephone: (405)935-3782

JAN 28 2014

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

OCD Representative Signature: _____ Approval Date: _____

Title: _____ OCD Permit Number: _____

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: _____

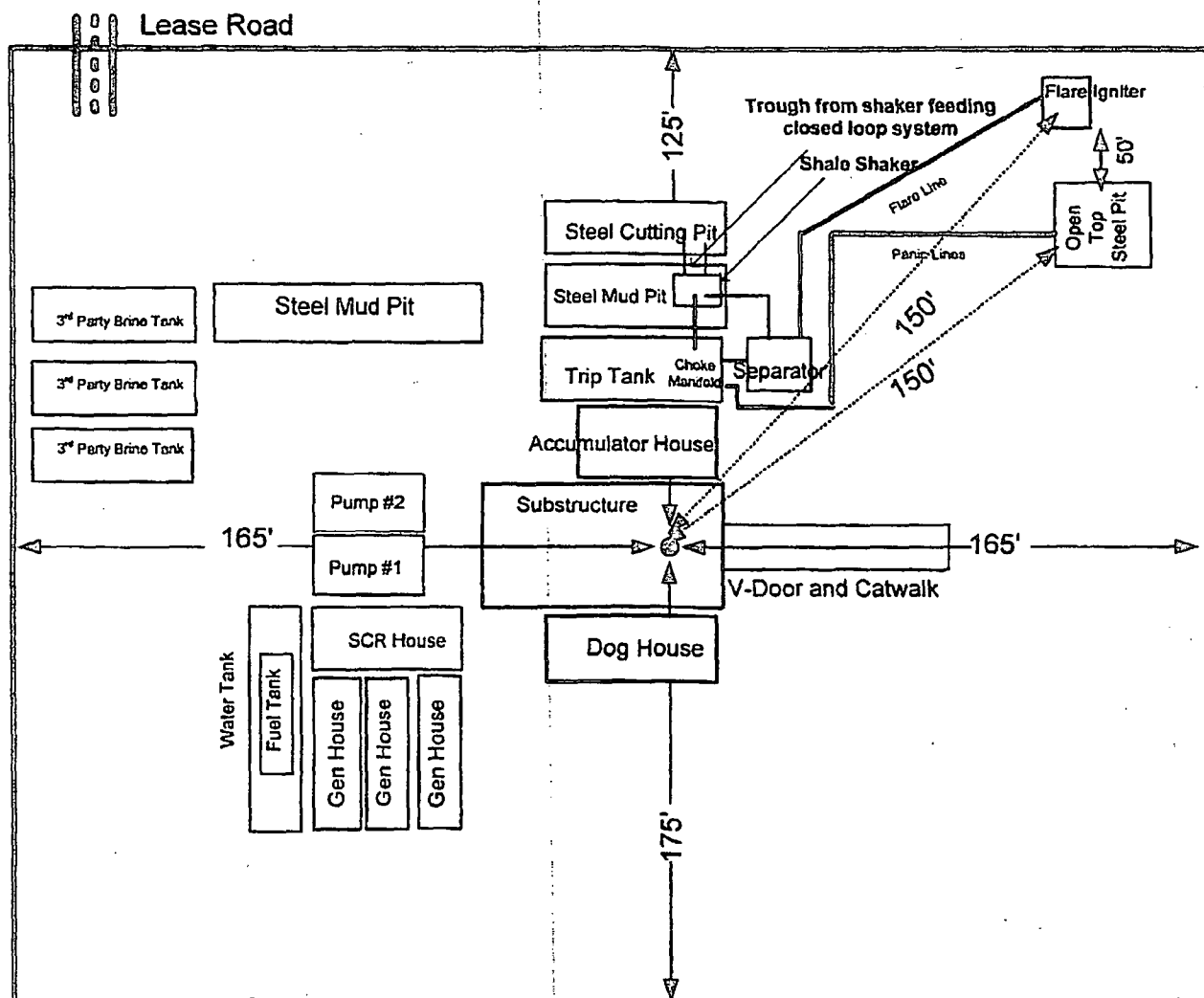
Signature: _____ Date: _____

e-mail address: _____ Telephone: _____



Brininstool 25 23 33 USA 2H

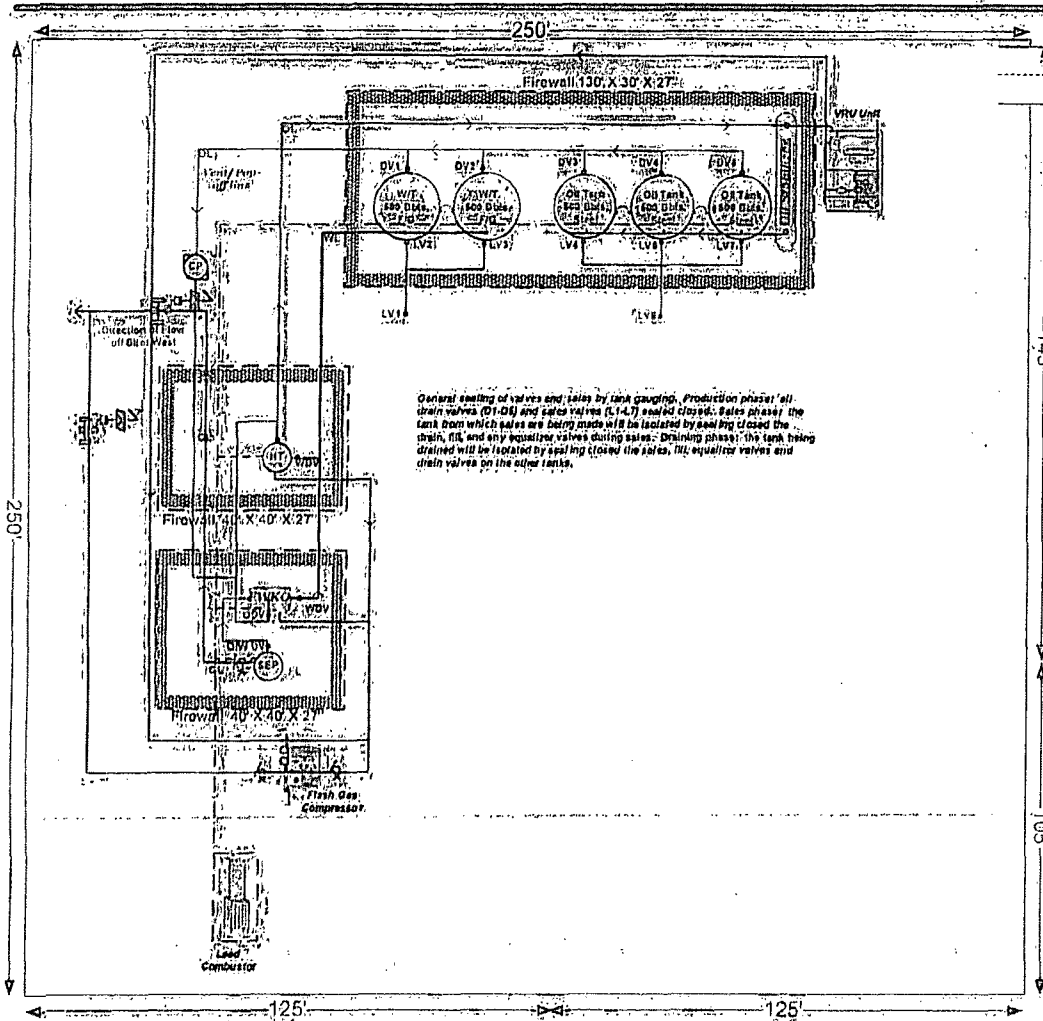
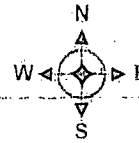
Trinidad



Top Soil



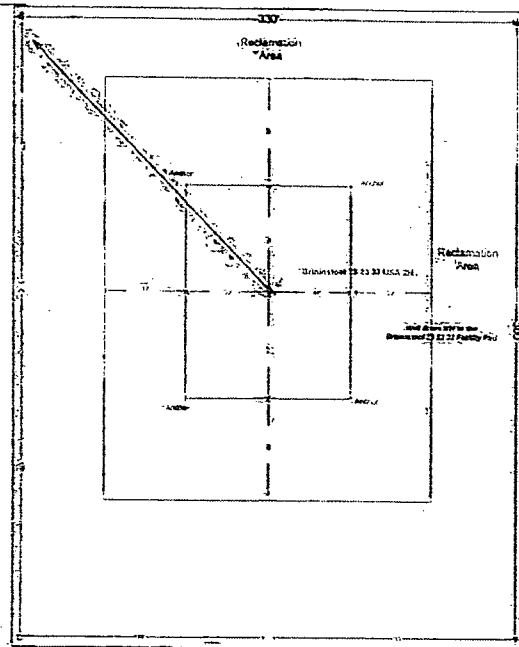
Brininstool 25 23 33
Facility Pad
S24&25/T23S/R33E
Lea County, New Mexico



| | | |
|---|--|---|
| Prepared by: Sally Arnold Date: 4/8/2013 | This lease is subject to Chesapeake's Site Security Plan located at 6100 N. Western, Oklahoma City, OK 73118 | All equipment shown will be on location, but subject to changes in positioning. |
|---|--|---|



Brinnstool 25-23-33, USA 2H
 Property Number: 644437
 Section 24&25 - T23S - R31E - E0 FHL & 1180 FWL of Section
 Lot 1 & 2, 25-23-33 - Long: 103.527722
 Lea County, New Mexico



| | | |
|-------------------------------|--------------------|---|
| Existing Well Number _____ | Well Name _____ | Proposed by: Safety Council Date: 4/1/2010 |
|-------------------------------|--------------------|---|

Gas Meter Run (GM)



Fill Line Valve



Draw off Valve



Load Line Valve



Equalizer Valve



Other Valve



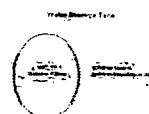
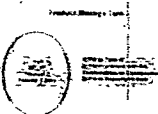
Separator (S)



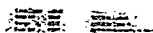
Tanks and Labels



Heater Treater (HT)



Fuel Oil Storage Tank, 1000 Gallons, 1000 Gallons, 1000 Gallons



Lease Road

Well Head

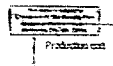
SLM Site

Specialty

Production Unit

Compressor

Pumping Unit



Steam Generation Facility (SGF)



Gun Barrel or Wash tank (GB)



Number of pits (1)



Automated Custody Transfer Unit (LACT)



Connection: Pipelining (PL); Truck Loading (TL)



Check Valve (CV)



Pumps: Circulating (CP); Transfer (TP)



Free Water Knockout (FWKO)



Line Heater (LH)



Header (HD)



Firewall Section



Direction of Flow off Site



N S E W

NE NW SE SW

Item

Fill line

Test line

Equalizer/overflow line

Sales line

Circulating lines: tank = C; pit = PC

Drain lines: tank = D; prod vessel = PD

Tank vent line

Gas line

Water line

Bed oil line (LACT)

Safety valve vent line

Misc. process lines: rayon, oil, lagoon use

Heating lines: contents = O; other media = H

Fuel line = U; power oil = PO

Water disposal line

Lines: not connected

Lines: connected

Gas roll line

Line Symbol

— F —

F

— T —

T

— S —

S

— C —

C

— D —

D

— PD —

PD

— V —

V

— G —

G

— W —

W

— B —

B

— SV —

SV

— M —

M

— OH —

OH

— U —

U

— VO —

VO

— R —

R

— PT —

PT

Portable well tester outlets

— PT —

Direction of Flow

— —