Distact I	State
1625 N. French Dr., Hobbs, NM 88240	Energy Miner
District II	
1301 W. Grand Avenue, Artesia, NM 88210	
District III	Oil Con
1000 Rio Brazos Road, Aztec, NM \$7410	
District IV	1220 So
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa

State of New Mexico hergy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLE2 July :1, 2008

For closed-loop systems that only use at we ground steel tanks or haul-off bins and p vpose to implement waste removal for closure, ubmit 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 on inances

Form C-144 CLEZ Oil Conservation Division Page 1 of 2		
e-mail address: lee @ Sunset well servicine, con Telephone: (432)541-8600		
Signature: 4. 12.2010		
Name (Print): M. Lee Koark Title: Agent for Chevron U.S.A.I.K.		
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.		
Operator Application Certification:		
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.		
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) 2 No		
Disposal Facility Name: <u>Controllect Recovery</u> Inc. Disposal Facility Permit Number: <u>NIM-01-000L</u>		
Disposal Facility Name: PAROBO Disposal - Sundance Services Disposal Facility Permit Number: NM-01-0003		
5. <u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (19,15,17,13,D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than to o facilities are required.		
Previously Approved Operating and Maintenance Plan API Number:		
Previously Approved Design (attach copy of design) API Number:		
 4. <u>Closed-loop Systems Permit Apollcation Attachment Checklist</u>: 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 NM AC 		
Signed in compliance with 19.15.3.103 NMAC		
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers		
3. Signs: Subsection C of 19.15.17.11 NMAC		
Above Ground Steel Tanks or 🔲 Haut-off Bins		
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent)		
2. Closed-loog System: Subsection H of 19.15.17.11 NMAC		
Surface Owner: 🛄 Federal 🔀 State 🛄 Private 🛄 Tribal Trust or Indian Allotment		
Center of Proposed Design: Latitude 39.5831 126642 Longitude - 103.2667379 15 NAD: 1927 1913		
U/L or Qtr/Qtr Section Township 205 Range 37E County;		
API Number: <u>30-025-33236</u> OCD Permit Number: <u>P1-01936</u>		
Facility or well name: Theodore Anderson #10		
Address: 15 Smith Rd.		
Operator: Chevren U.S.A. Jos. OGRID #: 4323		

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
SOX		
OCD Representative Signature:	Approval Date: _/ -/ C -/ O	
Title:	OCD Permit Number: <u>P1-01936</u>	
Lesure 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 i eport. 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 thi : section of the form until an approved closure plan has been obtained and the closure activities have been completed.		
Closure Completion Date:		
*. Closure Report Report Report Report Report 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 mo 'e than two facilities were utilized.		
Disposal Facility Name:	Disposal Facility Permit Number:	
Disposal Facility Name;		
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		
In. 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 ar d belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan. Name (Print):		
Name (Print): Title:		
ignature: Date:		
¢-mail address:	Telephone:	

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Chevron U.S.A. Inc. Theodore Anderson #10 Unit P, Sec. 8, T-20S, R-370E Lea Co., NM API#30-025-33236

Equipment & Design:

ChevronU.S.A. Inc. is to use a closed loop system in the plug and abandonment of this well.

The following equipment will be on location:

(1) 250 bbl. Frac tank

Operations & Maintenance:

During every hour of operation, the rig's crew will inspect and monitor the fluids contained within the steel tank and visually monitor for any spill which may occur. Within 48 hours should a spill occur, the NMOCD District 1 office in Hobbs (575-393-6161) will be notified. Please note that notifications may be made earlier to the district office should a greater release occur.

This is in keeping with the reporting requirements of NMOCD'srule 19.15.29.8

Closure:

After P&A operations, fluids will be hauled and disposed to the Sundance Disposal location. (permit number NM-01-0003) Should this facility not be available, Controlled Recovery, Inc.'s (CRI) location will be

the alternative site for disposal. (permit number NM-01-0006)

WELL DATA SHEET



Updated 10/25/08 • TRK, e1gp_nmVrokbe_molectsfundersonViteo10wb.ids