

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 87400
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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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: CHEVRON U.S.A. INC. OGRID #: 4323
Address: 15 SMITH ROAD, MIDLAND, TEXAS 79705
Facility or well name: STATE "AN" 13 NEW DRILL
API Number: 30-025-40059 OCD Permit Number: P1-2923
U/L or Qtr/Qtr B Section 7 Township 18-S Range 35-E County: LEA 990' FNL, & 2310' FEL
Center of Proposed Design: Latitude Longitude 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: CONTROLLED RECOVERY INC. Disposal Facility Permit Number: R9166-NM-01-0000
Disposal Facility Name: _____ Disposal Facility Permit Number: _____
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): DENISE PINKERTON Title: REGULATORY SPECIALIST
Signature: *Denise Pinkerton* Date: 02-14-2011
e-mail address: leakejd@chevron.com Telephone: 432-687-7375

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

OCD Representative Signature: _____

Geologist

Approval Date: 02/12/11

Title: _____

OCD Permit Number: P1-02923

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 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: **CONTROLLED RECOVERY INC.**

Disposal Facility Permit Number: R9166-NM-01-0000

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

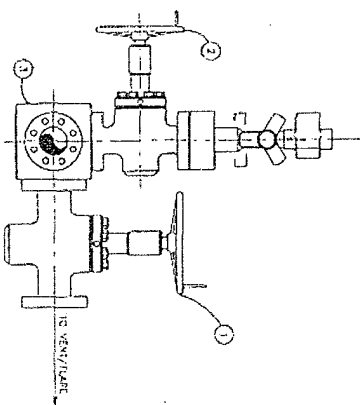
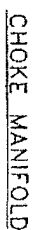
10. **Operator Closure Certification:**

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: _____



DIMENSION NOTATION		
DIM "A"	DIM "B"	RIGS THAT APPLY
1'-2"	1'-6"	335, 344, 350
1'-10"	2'-0" to 2"	342, 344, 350, 349


LEGEND

- ① 3 1/8"-5M FLANGED END GATE VALVE
- ② 2 1/16"-5M FLANGED END GATE VALVE
- ③ BLOCK WITH TRANSMITTER FLANGE AND PRESSURE GAUGE
- ④ 2 1/16"-5M ADJUSTABLE CHOKE
- ⑤ TRANSMITTER FLANGE
- ⑥ PRESSURE GAUGE
- ⑦ DSA 2 1/16"-5M x 3 1/16"-10M.
- ⑧ 3 1/15"-10M HYDRAULIC CHOKE
- ⑨ 3 1/8"-5M x 3 1/16"-10M SPOOL
- ⑩ 3 1/8"-5M x 3 1/8"-5M STUDDED TEE
- ⑪ 3 1/8"-5M FLANGED END HCR GATE VALVE
- ⑫ 2 1/16"-5M x 2 1/16"-5M SPOOL

ON 3 DECEMBER AND THE ISSUES AND INFORMATION INCLUDED IN THIS CATALOG ARE PROPORTIONATE AND ARE NOT TO BE REPRODUCED, DISSEMINATED OR DISCLOSED IN ANY MANNER, WITHOUT THE PRIOR, WRITTEN CONSENT OF A GOVT AGENCY OR ITS OFFICE OF INFORMATION & PUBLIC AFFAIRS.

△				
△	10-17-08	MOVED OFF (1) TITL 7 & RTN 12		WAC
△	09-24-08	FOR AN UPDATE AND THE AIRPORT AND THE OASIS		WAC
△	5/3/08	RECORD CORRECTIONS: RECORD FILED 7 - 10		WAC
RTN	DATE	REASON/PROB		BY

ISSUED FOR
FABRICATION
October-17-2008
DRAFTSMAN _____
ENGINEER _____

 HELMERICH & PAYNE INTERNATIONAL DRILLING CO.	
FILE	
CHOKE MANFOLD DETAIL ARRANGEMENT	
CONTROLS	
PARTIC: FMS	
DATE: JAN	SHEET 01/07/08
SCALE: 1/2" = 1"	SHEET 2 OF
	OX-D0079
	C

Operating & Maintenance Plan & Closure Plan

- 1. 250 bbl, ½ frac. Tank, cutting tank w/dimensions of 32'x10.5'x6' tall will be installed On top of 20 mil plastic barrier.***
- 2. Cuttings will be discharged from shaker into cuttings tank.***
- 3. Cuttings tank will be continuously monitored by designated roughneck so that cuttings tank will not be overfilled.***
- 4. Rig crew will visually inspect fluid integrity of cuttings tank on a daily basis.***
- 5. Documentation of visual inspection of cuttings tank will be captured on IADC Drilling Report.***

Closure Plan

- 1. Drilled cuttings will be dipped out of tank with backhoe bucket and placed in suitable transport container (dump truck tank or cuttings bin)***
- 2. Drill cuttings will be disposed of at a suitable off-location waste facility.***