District I

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Form C-144 CLEZ July 21, 2008

1625 N. French Dr., Hobbs, NM 88240 District II

1301 W. Grand Avenue, Artesia, NM 882 10 EB 16 2011 District III

1000 Rio Brazos Road, Aztec, NM 874100BBSOCD

1220 S. St. Francis Dr., Santa Fe, NM 87505

Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

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)

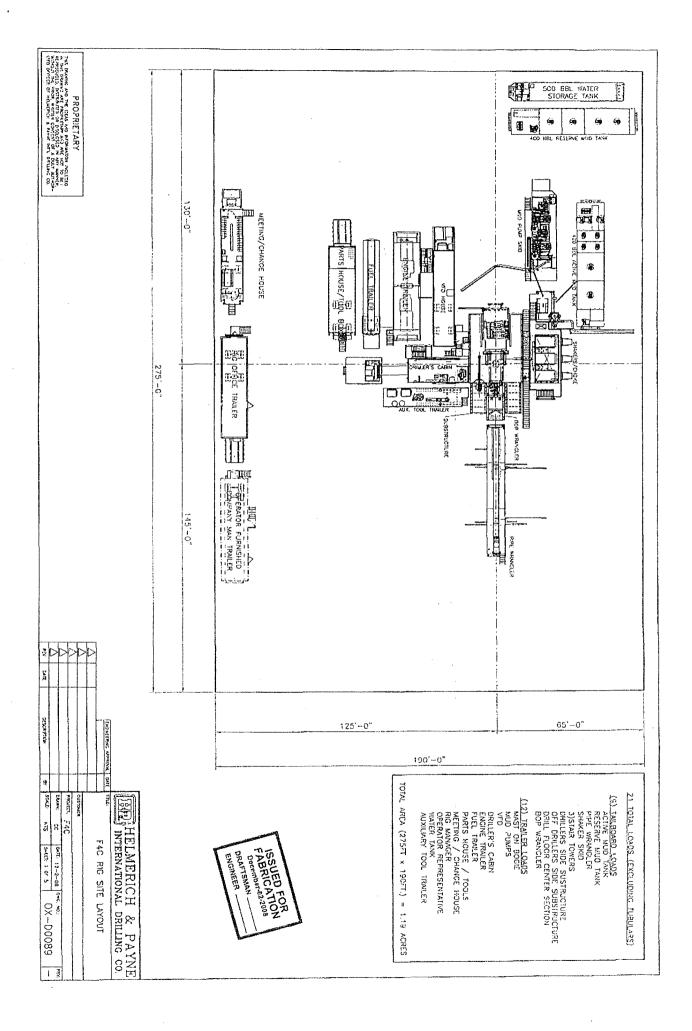
Type of action:  $\square$  Permit  $\square$  Closure

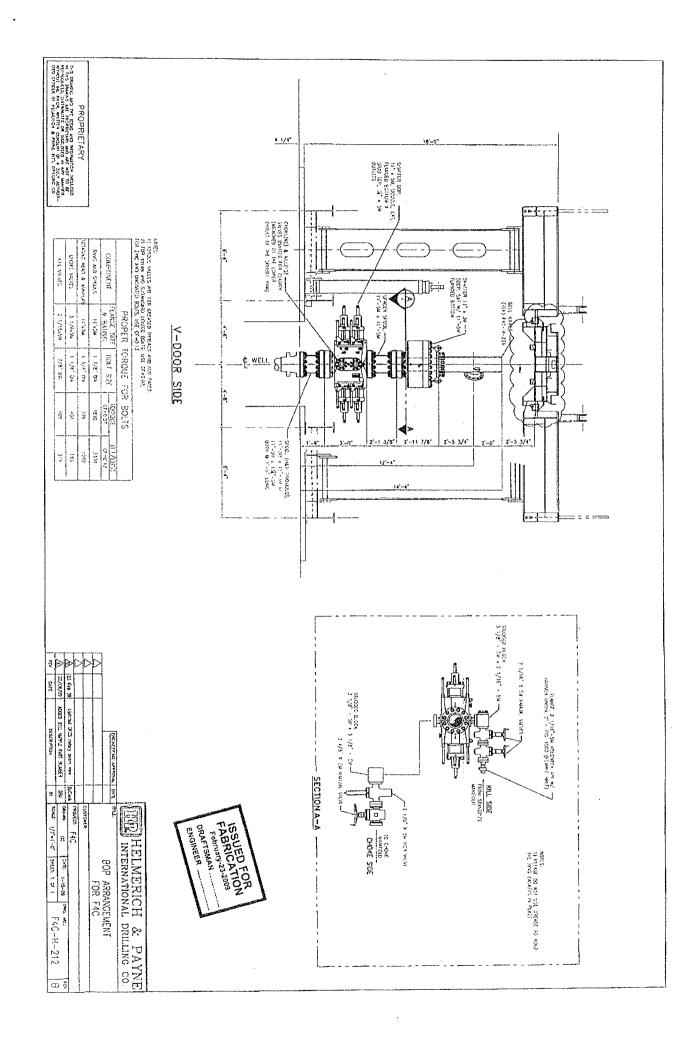
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

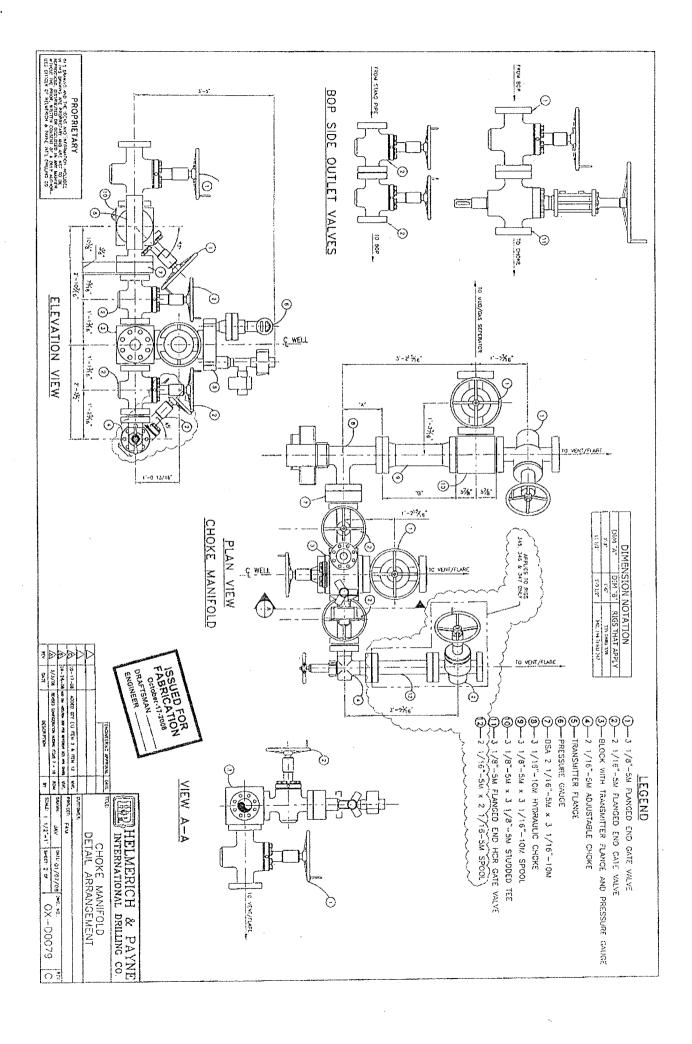
Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the

ivironment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinance.		
Operator: CHEVRON U.S.A. INC. OGRID #: 4323 Address: 15 SMITH ROAD, MIDLAND, TEXAS 79705		
Facility or well name: NEW MEXICO "R" NCT-4 #6 NEW DRILL		
API Number: 30-025-40063 OCD Permit Number: P1-02927		
U/L or Qtr/Qtr D Section 7 Township 18-S Range 35-E County: LEA 350' FNL, & 470' FWL		
Center of Proposed Design: Latitude Longitude NAD: 1927 1983		
Surface Owner:  Federal State Private Tribal Trust or Indian Allotment		
2.		
<ul> <li>         \( \sum_{\text{Olosed-loop System}} \)     </li> <li>         \( \sum_{\text{Olosed-loop System}} \)         \( \sum_{\text{olosed-loop System}} \)     </li> <li>         \( \sum_{\text{olosed-loop System}} \)     </li> <li></li></ul>		
☐ 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:		
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 indentify 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: Date: 02-14-2011		
-mail address: <u>leakejd@chevron.com</u> Telephone: 432-687-7375		
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7.		
OCD Approval: Permit Application (including closure plan) Closure P	lan (only)	
OCD Representative Signature:	Approval Date:	
Title: Geologist	OCD Permit Number: P1-D2927	
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:		
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 <i>will not</i> be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) \sum No		
Required for impacted areas which will not be used for future service and operation     Site Reclamation (Photo Documentation)   Soil Backfilling and Cover Installation   Re-vegetation Application Rates and Seeding Technique	ions:	
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:	







## 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.