State of New Mexico District I 1625 N. French Dr., Hobbs, NM 88240

HOBBS OCE Minerals and Natural Resources Department

Form C-144 CLEZ July 21, 2008

District II

1301 W. Grand Avenue, Artesia, NM 88210 District III

District III 1000 Rio Brazos Road, Aztec, NM 87410 APR 28 2011 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

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 Permit or Closure Plan Application

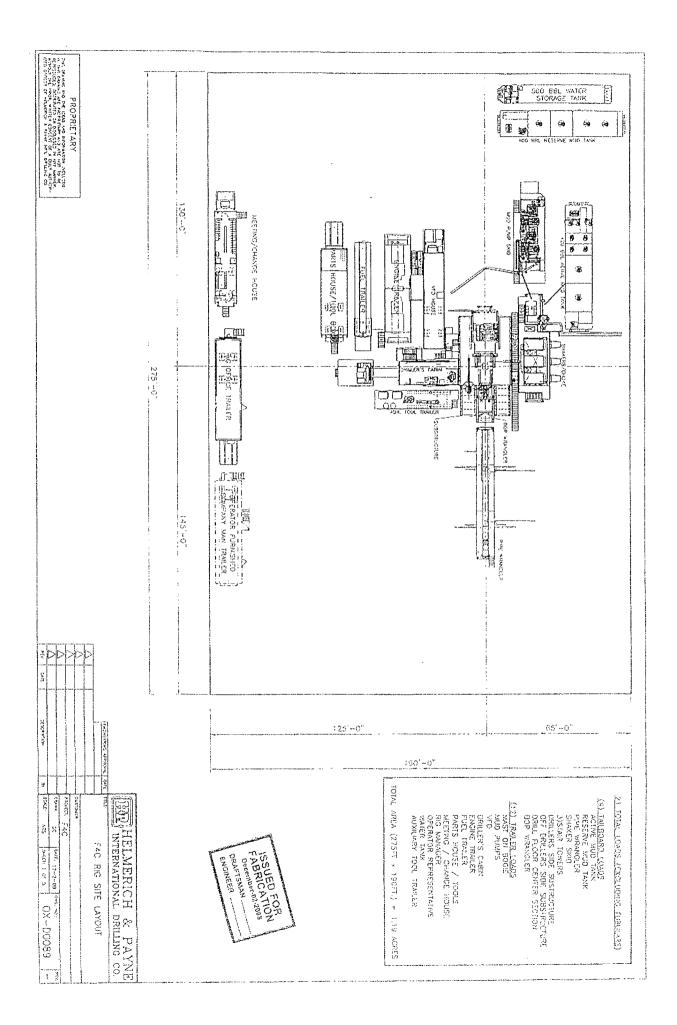
(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

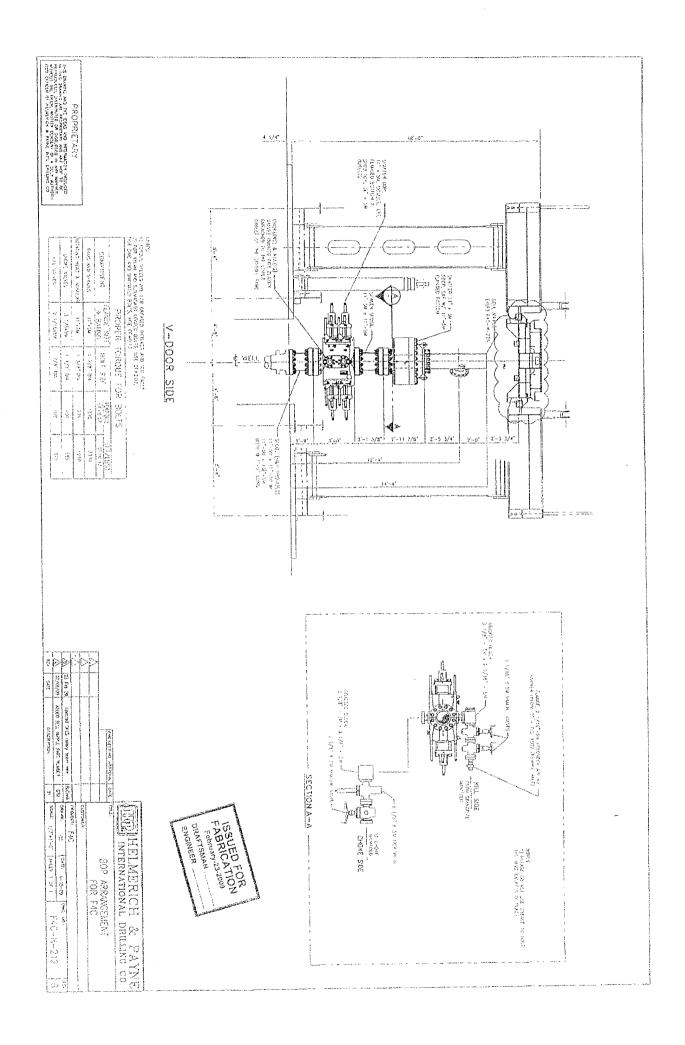
Permit Closure Type of action:

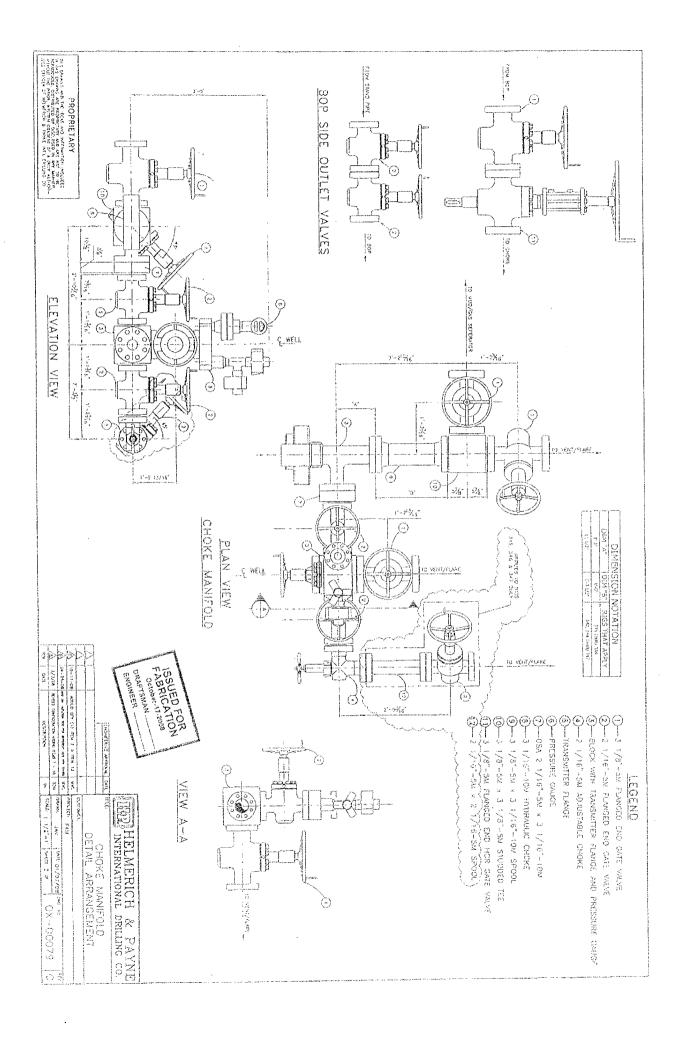
Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

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		
Operator: CHEVRON U.S.A. INC. OGRID #: 4323 Address: 15 SMITH ROAD, MIDLAND, TEXAS 79705		
Facility or well name: NEW MEXICO "R" NCT-4#7 NEW DRILL API Number: 30-025-40/22 OCD Permit Number: P1-03/68		
'		
Surface Owner: Federal State Private Tribal Trust or Indian Allotment		
2. 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)		
☐ 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		
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: S. 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-01-0006		
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> 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 PIŅKERTON , Title: REGULATORY SPECIALIST		
Signature: Date: 04-27-2011		
e-mail address: leakejd@chevron.com Telephone: 432-687-7375		

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OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Approval Date:	
Title: Geologist	OCD Permit Number: P1-03/68	
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-01-0006	
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) \square No		
Required for impacted areas which will not be used for future service and opera Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	tions:	
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:	







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.