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

NMOCD Artesia
Form C-141
Revised August 8, 2011

Received 12/4/2015

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

## **Release Notification and Corrective Action**

|   | <b>OPERA</b>                          | ΓOR                                | Initia                | l Report                    | $\boxtimes$ | Final Report |
|---|---------------------------------------|------------------------------------|-----------------------|-----------------------------|-------------|--------------|
| Name of Company: COG Operating LLC  | Contact: Ro                           | bert McNeill                       |                       |                             |             |              |
| Address: 600 West Illinois Avenue, Midland TX 79701   |                                       | No. 432-230-007                    | 77                    |                             |             |              |
| Facility Name: Myox 32 Fee #2H Facility Type: Well  |                                       |                                    |                       |                             |             |              |
| Surface Owner: Fee Mineral Owner:   |                                       |                                    | API No. 30-015-41521  |                             |             |              |
| LOCATION OF RELEASE   |                                       |                                    |                       |                             |             |              |
|   | th/South Line                         | Feet from the                      | East/West Line        | Vest Line County            |             |              |
| C 32 25S 28E 190'   | North                                 | 1980'                              | West                  | West Eddy                   |             |              |
| <b>Latitude</b> 32.0927238 <b>Longitude</b> -104.1114349  |                                       |                                    |                       |                             |             |              |
| NATURE OF RELEASE   |                                       |                                    |                       |                             |             |              |
| Type of Release: Produced Water   | Volume of 50 bbls                     | Release:                           |                       | Volume Recovered: 0 bbls    |             |              |
| Source of Release:  |                                       | Iour of Occurrenc                  |                       | Date and Hour of Discovery: |             |              |
| Flowline  |                                       | 8/28/2015 12:00 pm 8/28/2015 12:00 |                       |                             |             |              |
| Was Immediate Notice Given?   ☐ Yes ☐ No ☐ Not Required   | If YES, To                            | whom?<br>her – NMOCD               |                       |                             |             |              |
| By Whom? Amanda Trujillo  | Date and Hour: Mon 8/31/2015 5:40 PM  |                                    |                       |                             |             |              |
| Was a Watercourse Reached?  |                                       | olume Impacting t                  |                       |                             |             |              |
| ☐ Yes ⊠ No  |                                       |                                    |                       |                             |             |              |
| If a Watercourse was Impacted, Describe Fully.*   | •                                     |                                    |                       |                             |             |              |
|   |                                       |                                    |                       |                             |             |              |
|   |                                       |                                    |                       |                             |             |              |
|   |                                       |                                    |                       |                             |             |              |
| Describe Cause of Problem and Remedial Action Taken.*  The release was caused when a seam on a trunk line failed. This release was caused by a third party contractor who will be taking responsibility for the   |                                       |                                    |                       |                             |             |              |
| release.  |                                       |                                    |                       |                             |             |              |
|   |                                       |                                    |                       |                             |             |              |
| Describe Area Affected and Cleanup Action Taken.*   |                                       |                                    |                       |                             |             |              |
| Beschibe Affected and Cleanup Action Taxon.   |                                       |                                    |                       |                             |             |              |
| This release occurred in the pasture. This release was addressed and work completed per the approved work plan from NMOCD District 2.   |                                       |                                    |                       |                             |             |              |
|   |                                       |                                    |                       |                             |             |              |
| I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and  |                                       |                                    |                       |                             |             |              |
| regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger   |                                       |                                    |                       |                             |             |              |
| public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health |                                       |                                    |                       |                             |             |              |
| or the environment. In addition, NMOCD acceptance of a C-141 report   |                                       |                                    |                       |                             |             |              |
| federal, state, or local laws and/or regulations.   | does not renev                        | e the operator of i                | responsibility for eo | inpitance w                 | Terr erry   | other        |
|   |                                       | SERVATION :                        | DIVISIO               | <u>N</u>                    |             |              |
| Signature:  |                                       |                                    |                       |                             |             |              |
| Signature.  | Approved by Environmental Specialist: |                                    |                       |                             |             |              |
| Printed Name: Amanda Trujillo   | ripproved by                          | Environmental 5                    | рестания.             |                             |             |              |
| Title: Senior Environmental Coordinator   | Approval Da                           | Approval Date: 6/1/2016            |                       | Expiration Date: N/A        |             |              |
| E-mail Address: atrujillo@concho.com  | Conditions of                         | f Annroval·                        |                       |                             |             |              |
| D man radicos. acquiro e concro.com   | Conditions of                         | ••                                 |                       | Attached                    |             |              |
| Date: December 4, 2015 Phone: 575-748-6940  | FINAL                                 |                                    |                       |                             |             |              |

<sup>\*</sup> Attach Additional Sheets If Necessary