

October 24, 2017

Mike Bratcher Oil Conservation Division, District 2 811 S First St. Artesia, NM 88210

Re: Closure Letter Pilum 15 Fee #002H (2RP-3655) API #: 30-015-42644 Unit Letter P Section 16, Township 18S, Range 26E Eddy County, NM

Mr. Bratcher,

COG Operating, LLC (COG) is pleased to submit for your consideration the following closure request for the Pilum 15 Fee #002H. This release occurred on April 4, 2016 and impacted the pasture. All work has been completed in accordance with the work plan submitted and approved by the NMOCD on March 16, 2017.

## Background

On April 4, 2016, an unknown person shot at the flowline causing damage to the poly flowline. Approximately five (5) barrels of produced water were released and zero (0) were recovered. On March 16, 2017, the New Mexico Oil Conservation Division (NMOCD) approved the remediation work plan.

## **Remedial Actions**

- S1- Excavated to a depth of 6-7 feet.
- S2- Excavated to a depth of 4-5 feet.

All of the excavated soil was hauled to an NMOCD approved solid waste disposal facility. As requested by the NMOCD, representative sidewall and bottom hole samples were obtained for lateral and vertical confirmation and can be viewed in the attached analytical table below. The excavation was backfilled with like material, contoured to match the surrounding terrain and reseeded.

## Laboratory Results

| Lateral   | Confirmation    | n Samples |
|-----------|-----------------|-----------|
| Sample ID | Depth<br>(feet) | Chloride  |
|           | (leet)          | (mg/kg)   |
| North     | 5               | 80        |
| South     | 5               | 288       |
| East      | 5               | 32.0      |

| Sample ID | Depth<br>(feet) | Chloride<br>(mg/kg) |
|-----------|-----------------|---------------------|
| <b>S1</b> | 6.5             | 192                 |
| S2        | 4.5             | 160                 |

## **Closure Request**

Based on the information provided, COG Operating LLC would like to submit the enclosed documents for closure of the above captioned release. A signed C-141 Final is enclosed for your consideration as well as the confirmation sample analytical data, and site diagram depicting the confirmation samples.

Please feel free to contact me with any questions or concerns at (575) 746-2010.

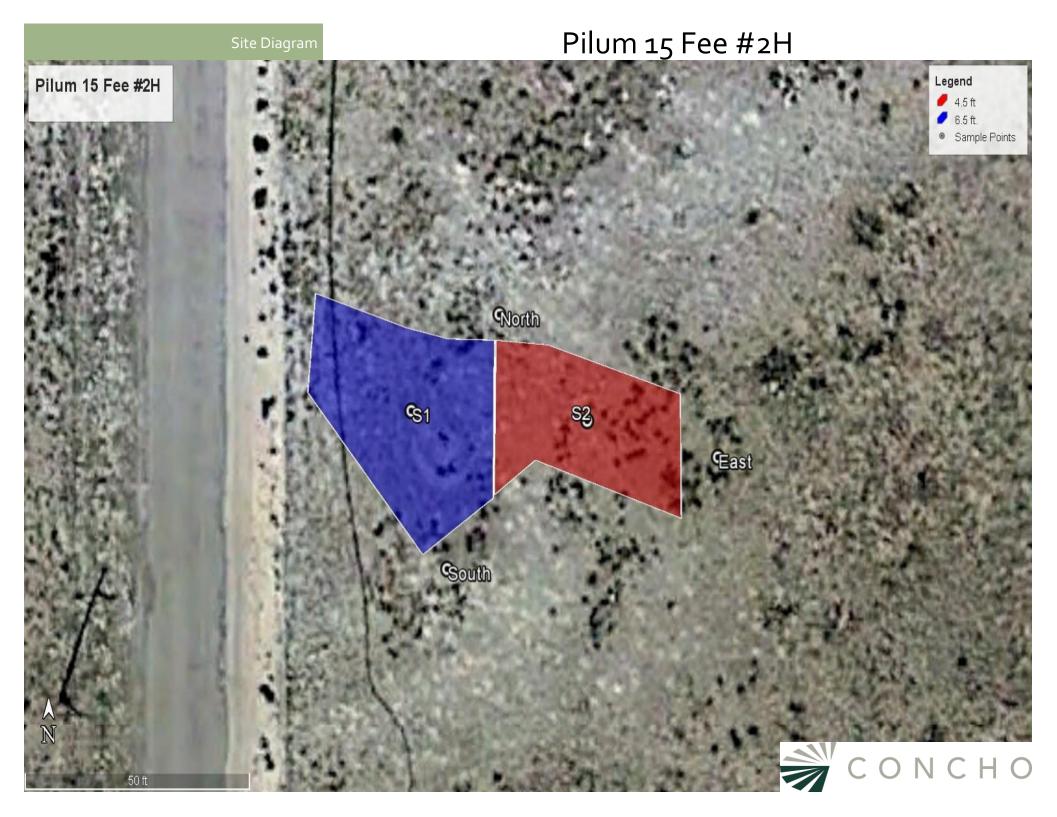
Sincerely,

Satoh Real

Dakota Neel **HSE** Coordinator dneel2@conchol.com

Enclosed:

- (1) Site Diagram
- (2) Laboratory Analytical Reports and Chain-of-Custody Forms
- (3) Initial C-141 (Copy)
- (4) Final C-141





April 12, 2017

DAKOTA NEEL

COG OPERATING

P. O. BOX 1630

ARTESIA, NM 88210

RE: PILUM 15 FEE #2H

Enclosed are the results of analyses for samples received by the laboratory on 04/06/17 11:15.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-16-8. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (\*). For a complete list of accredited analytes and matrices visit the TCEQ website at <a href="https://www.tceq.texas.gov/field/ga/lab\_accred\_certif.html">www.tceq.texas.gov/field/ga/lab\_accred\_certif.html</a>.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

| Method EPA 552.2 | Haloacetic Acids (HAA-5)     |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3)  |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keine

Celey D. Keene Lab Director/Quality Manager



## Analytical Results For:

COG OPERATING DAKOTA NEEL P. O. BOX 1630 ARTESIA NM, 88210 Fax To: NONE

| Received:         | 04/06/2017       | Sampling Date:      | 04/04/2017     |
|-------------------|------------------|---------------------|----------------|
| Reported:         | 04/12/2017       | Sampling Type:      | Soil           |
| Project Name:     | PILUM 15 FEE #2H | Sampling Condition: | Cool & Intact  |
| Project Number:   | NONE GIVEN       | Sample Received By: | Tamara Oldaker |
| Project Location: | NOT GIVEN        |                     |                |

## Sample ID: S1 - BOTTOM HOLE (H700918-01)

| Chloride, SM4500Cl-B | mg     | /kg             | Analyze    | d By: AC     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride             | 192    | 16.0            | 04/10/2017 | ND           | 432 | 108        | 400           | 0.00 |           |

## Sample ID: S2 - BOTTOM HOLE (H700918-02)

| Chloride, SM4500Cl-B | mg,    | /kg             | Analyze    | d By: AC     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride             | 160    | 16.0            | 04/10/2017 | ND           | 432 | 108        | 400           | 0.00 |           |

## **Cardinal Laboratories**

\*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatscever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, whot limitation, business interruptions, loss of gronts incurred by client, its subsidiaries, affiliates or successor arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



## **Notes and Definitions**

- ND
   Analyte NOT DETECTED at or above the reporting limit

   RPD
   Relative Percent Difference
- \*\* Samples not received at proper temperature of 6°C or below.
- \*\*\* Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C Samples reported on an as received basis (wet) unless otherwise noted on report

## Cardinal Laboratories

## \*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the sample identified above. This report shall not be reproduced except in full with written approval of Cardinal Loratories.

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

| and the second se  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 10 M M   |  |
|  |  |
|  |  |
| A STATE OF A  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Statement of the local division in the local |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Street and Street and Street and Street  |  |
|  |  |
| A REAL PROPERTY AND A REAL |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Contraction of the local division of the loc |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| And the second s |  |
|  |  |
|  |  |
|  |  |
|  |  |
| and permane  |  |
|  |  |
|  |  |
|  |  |
| Statistics of the local division of the loca |  |
|  |  |
|  |  |
|  |  |
| and the second se  |  |
| A bert   |  |
|  |  |
|  |  |
| and the second se  |  |
|  |  |
|  |  |

# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

## 101 East Marland, Hobbs, NM 88240

|  | (575) 393-2326 FAX (575) 393-2476   | 2476  |   |   |                      |  |        |
|--|---|---|---|---|----------------------|--|--------|
| Company Name:  | COG Operating LLC   |   | BILL TO   |   |                      | ANALYSIS REQUEST   |        |
| Project Manager:   | Dakota Neel   |   | P.O. #:   |   |                      |  | $\neg$ |
| Address: 2208 V  | 2208 West Main  |   | Company: COG Operating LLC  | ating LLC                                     |                      |  |        |
| City: Artesia  | State: NM   | Zip 88210   |   | Neill   |                      |  |        |
| Phone #:   | 432-215-2783 Fax #:   |   | Address: 600 W Illinois   | linois  |                      |  |        |
| Project #:   | Project Owner:  | er:   |   |   | _                    |  |        |
| Project Name: Pil  | Pilum 15 Fee #2H  |   | : TX Zip  | 7   |                      |  |        |
| Project Location:  |   |   | (43)  |   |                      |  |        |
| Sampler Name:  | AARON LIEB  |   |   |   |                      |  |        |
| FOR LAB USE ONLY   |   | P. MATRIX   | PRESERV. SAMPLING   | NG  |                      |  |        |
| Lab I.D.   | Sample I.D.   | (G)RAB OR (C)OMP<br># CONTAINERS<br>GROUNDWATER<br>WASTEWATER<br>SOIL<br>OIL<br>SLUDGE  | OTHER :<br>ACID/BASE:<br>ICE / COOL<br>OTHER :<br>DATE                                      | TIME  | TPH<br>Chloride      |  |        |
|  | SI - BOTTOM HOLE  |   | 4   |   | +                    |  | +      |
| 2  | 52 - BOTTON HOLE  |   | 44-17   | 1:00pm  | 7                    |  |        |
|  |   |   |   |   |                      |  |        |
| PLEASE NOTE: Liability and Dan<br>analyses. All claims including tho     | PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising whether based in contract or fort, shall be limited to the amount paid by the client for the analyses. All claims including these for negligence and any other cause whatevew shall be adversed varies and varies | any claim arising whether based in contract   | or tort, shall be limited to the amount paid  | by the client for the                         |                      |  |        |
| service. In no event shall Cardinal affiliates or successors arising out | service. In no event shall Cardinal be liable for incidental or consequental damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise.  | uental damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiarie<br>of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise | loss of use, or loss of profits incurred by cl<br>is based upon any of the above stated rea | ient, its subsidiaries,<br>sons or otherwise. |                      |  |        |
| Kelinguished By:   | Date:<br>9-6-17<br>Time:<br>1/:30 AM  | Received By:  |   | ÷   | □Yes □No<br>□Yes □No | <ul> <li>Add'I Phone #:</li> <li>Add'I Fax #:</li> </ul> |        |
| Relinquished By:   | Date:<br>1-10-17  | Received By:  | Valder  |   |                      | dneel2@concho.com<br>rgrubbs@concho.com                  |        |
| Delivered By: (Circle One)   | 11.1  |   | n CH  |   |                      | alieb@concho.com   |        |
|  | Bus - Other:  | 3.62 Pres Pres  | TO- HTS   |   | 17                   | rhaskel@concho.com                                       |        |
| s. Please fax written  | Please fax written changes to 575-393-2476  |   |   |   |                      |  |        |



April 12, 2017

DAKOTA NEEL

COG OPERATING

P. O. BOX 1630

ARTESIA, NM 88210

RE: PILUM 15 FEE #2H

Enclosed are the results of analyses for samples received by the laboratory on 04/06/17 11:15.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-16-8. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (\*). For a complete list of accredited analytes and matrices visit the TCEQ website at <a href="https://www.tceq.texas.gov/field/ga/lab\_accred\_certif.html">www.tceq.texas.gov/field/ga/lab\_accred\_certif.html</a>.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

| Method EPA 552.2 | Haloacetic Acids (HAA-5)     |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3)  |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keine

Celey D. Keene Lab Director/Quality Manager



## Analytical Results For:

| COG OPERATING     |  |
|-------------------|--|
| DAKOTA NEEL       |  |
| P. O. BOX 1630    |  |
| ARTESIA NM, 88210 |  |
| Fax To: NONE      |  |

| Received:         | 04/06/2017       | Sampling Date:      | 04/04/2017     |
|-------------------|------------------|---------------------|----------------|
| Reported:         | 04/12/2017       | Sampling Type:      | Soil           |
| Project Name:     | PILUM 15 FEE #2H | Sampling Condition: | Cool & Intact  |
| Project Number:   | NONE GIVEN       | Sample Received By: | Tamara Oldaker |
| Project Location: | NOT GIVEN        |                     |                |

## Sample ID: NORTH - 5' (H700919-01)

| Chloride, SM4500Cl-B | mg     | /kg             | Analyze    | d By: AC     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride             | 80.0   | 16.0            | 04/10/2017 | ND           | 432 | 108        | 400           | 0.00 |           |

## Sample ID: SOUTH - 5' (H700919-02)

| Chloride, SM4500Cl-B | mg,    | 'kg             | Analyze    | d By: AC     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride             | 288    | 16.0            | 04/10/2017 | ND           | 432 | 108        | 400           | 0.00 |           |

## Sample ID: EAST - 5' (H700919-03)

| Chloride, SM4500Cl-B | mg     | /kg             | Analyze    | d By: AC     |     |            |               |      |           |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte              | Result | Reporting Limit | Analyzed   | Method Blank | BS  | % Recovery | True Value QC | RPD  | Qualifier |
| Chloride             | 32.0   | 16.0            | 04/10/2017 | ND           | 432 | 108        | 400           | 0.00 |           |

## **Cardinal Laboratories**

\*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatscever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, whot limitation, business interruptions, loss of gronts incurred by client, its subsidiaries, affiliates or successor arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager



## **Notes and Definitions**

- ND
   Analyte NOT DETECTED at or above the reporting limit

   RPD
   Relative Percent Difference
- \*\* Samples not received at proper temperature of 6°C or below.
- \*\*\* Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C Samples reported on an as received basis (wet) unless otherwise noted on report

## Cardinal Laboratories

## \*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the sample identified above. This report shall not be reproduced except in full with written approval of Cardinal Loratories.

Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

|                                   | Contract State  |
|-----------------------------------|---|
|                                   |   |
|                                   |   |
|                                   |   |
|                                   | All All   |
|                                   | 1000  |
|                                   | 10.00   |
|                                   |   |
|                                   |   |
|                                   |   |
|                                   |   |
| -                                 |   |
|                                   |   |
| 1                                 |   |
|                                   | and the second second   |
| m                                 | - Provention  |
| e a                               |   |
| S S                               |   |
| +                                 |   |
| 2                                 |   |
|                                   | And the A   |
| 2                                 |   |
| -                                 | Comparison Comparison   |
| 2                                 |   |
|                                   |   |
| D                                 |   |
|                                   |   |
| <b>T</b>                          | in the second   |
| -                                 |   |
| <u> </u>                          |   |
| 0                                 |   |
| 0                                 |   |
| 0                                 | 1000  |
| -                                 |   |
| Z                                 |   |
| 2                                 | A DESCRIPTION OF THE OWNER OF THE |
| >                                 |   |
|                                   |   |
| 8                                 |   |
| 00                                |   |
| N                                 | 1.0   |
| 101 East Marland, Hobbs, NM 88240 |   |
| 0                                 |   |
|                                   | And the owner of the owner owner owner owner owner owner ow |
|                                   |   |
|                                   |   |

# CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

|   | (575) 393-2326 FAX (575) 393-2476   | 2476  |  |  |   |   |       |               |   |            |   |     |
|---|---|---|--|--|---|---|-------|---------------|---|------------|---|-----|
| Company Name:   | COG Operating LLC   |   |  | BIL  | BILL TO   |   |       |               | ANALYSIS  | REQUEST    |   |     |
| Project Manager:  | Dakota Neel   |   | -  | P.O. #:  |   | _   |       | -             |   |            |   | -   |
| Address: 2208   | 2208 West Main  |   | 0  | Company: C   | COG Operating LLC   | 6   |       |               |   |            |   |     |
| City: Artesia   | State: NM   | Zip   | 88210  |  | Robert McNeill  |   |       |               |   | -<br>-<br> |   |     |
| Phone #:  | 432-215-2783 Fax #:   |   |  | Address:   | 600 W Illinois  | _   |       |               |   |            |   |     |
| Project #:  | Project Owner:  | a   | 0  | City:  | Midland   |   |       |               |   |            |   |     |
| Project Name: Pi  | Pilum 15 Fee #2H  |   | (0)  | : TX   | Zip: 79701  |   |       |               |   |            |   |     |
| Project Location:   |   |   | -  | Phone #: (432) 221-0388  | 221-0388  |   |       |               |   |            |   |     |
| Sampler Name:   | ALRON LIEB  |   | -  | Fax #:   |   |   |       |               |   |            |   | ,   |
| FOR LAB USE ONLY  |   |   | MATRIX   | PRESERV.   | SAMPLING  |   |       |               |   |            |   |     |
| Lab I.D.  | Sample I.D.   | RAB OR (C)OMP.  | DGE  | State of the local division of the local div |   | ×   |       | ride          |   |            | £ | · · |
| A/bootH   | NORTH - 5'  | # CON<br>GROL   | SOIL<br>OIL<br>SLUD  | ICE / C  | DATE TIME   | BTEX  | трн   | X Chlorid     |   |            |   |     |
| N   | SOUTH - S'  |   |  | 4  | 44-17 2:15PA  | PA  | ~     | X             |   |            |   |     |
| (1)   | EAST - 5'   |   |  | 4  | 4-4-17 2:30PIN  | Vidl  | ~     | X             |   |            |   |     |
|   |   |   |  |  |   |   |       |               |   |            |   |     |
|   |   |   |  |  |   |   |       |               | 2   |            |   |     |
| Inalyses. All claims including the<br>ervice. In no event shall Cardin<br>Iffiliates or successors arising ou | -LEASE W1 E: Learning and Larnages. Cardinal's lability and client's exclusive renerty for any claim mixing whether based in contract or tort, shall be limited to the amount paid by the client for the<br>naniyees. All claims including those for negligence and any other cause whatsoever shall be deemed waived mixing and received by Cardinal within 30 days after completion of the applicable<br>service. In no event shall Cardinal be liable for incidential or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries,<br>iffiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. | y claim arising whethe<br>eemed waived unless<br>without limitation, busi<br>irdinal, regardless of v | er based in contract or t<br>made in writing and re-<br>iness interruptions, loss<br>whether such claim is b | ort, shall be limited to the<br>ceived by Cardinal within<br>of use, or loss of profits<br>ased upon any of the ab   | e amount paid by the cli<br>30 days after completion<br>incurred by client, its su<br>ove stated reasons or o | ent for the<br>on of the applicab<br>bsidiaries,<br>therwise. | Ø     |               |   |            |   |     |
| Kellinguished By:   | Time:<br>//:30 AM   | Received By:  | Y:   |  | Fax R<br>REM/   | Phone Result:<br>Fax Result:<br>REMARKS:                      | □ Yes | No No         | Add'l Phone #:<br>Add'l Fax #:                              |            |   |     |
| Relinquished By:<br>Delivered By: (Circle One)  |   | Received By:  | By:<br>IQAQ ()<br>Sample Condition   | CHECKED BY:  | BY:   |   |       | rgrul<br>alie | dneel2@concho.com<br>rgrubbs@concho.com<br>alieb@concho.com |            |   |     |
| Sampler - UPS - Bu  |   | 3.60  | Cool Intact<br>Yes Yes   | -1   | S   |   |       | rhas          | rhaskel@concho.com  | com        |   |     |

FORM-006 R 2.0 s. Please fax written changes to 575-393-2476

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.

|                            |               |                |            | Santa I   | re, INIVI 873       | 005                         |                      |                |                |
|----------------------------|---------------|----------------|------------|---|---------------------|-----------------------------|----------------------|----------------|----------------|
|                            |               |                | Rele       | ease Notificatio                                  | on and Co           | orrective A                 | ction                |                |                |
|                            |               |                |            |   | <b>OPERA</b>        | ГOR                         | 🛛 Initial            | Report         | Final Report   |
|                            |               | COG Operati    |            |   | Contact: Ro         | bert McNeill                |                      |                |                |
|                            |               | inois Avenue   | ,          | d TX 79701  |                     | No. 432-230-00              | 17                   |                |                |
| Facility Nat               | me: PILUN     | A 15 FEE #0    | 02H        |   | Facility Typ        | be: Well                    |                      |                |                |
| Surface Ow                 | ner: Fee      |                |            | Mineral Owner                                     | : Fee               |                             | API No.              | 30-015-4       | 2644           |
|                            |               |                |            | LOCATIO   | ON OF RE            | LEASE                       |                      |                |                |
| Unit Letter                | Section       | Township       | Range      |   | th/South Line       | Feet from the               | East/West Line       |                | County         |
| Р                          | 16            | 18S            | 26E        | 789'  | South               | 450'                        | East                 |                | Eddy           |
|                            |               |                |            | Latitude 32.742503                                |                     |                             | 1                    |                |                |
|                            |               |                |            | NATURI  | E OF REL            |                             |                      |                |                |
| Type of Rele<br>Produced W |               |                |            |   | Volume of<br>5 bbls | Release:                    | Volume Re<br>0 bbls  | ecovered:      |                |
| Source of Re               |               |                |            |   |                     | Iour of Occurrenc           |                      | lour of Dis    | covery:        |
| flowline                   |               |                |            |   | 4/4/2016 7          | :00:00 AM                   | 4/4/2016 7           |                |                |
| Was Immedi                 | ate Notice (  | Given?         |            |   | If YES, To          | Whom?                       |                      |                |                |
|                            |               |                | Yes        | ] No 🛛 Not Require                                |                     |                             |                      |                |                |
| By Whom?<br>Was a Water    |               | 1 19           |            |   | Date and H          | Hour:<br>folume Impacting t | 1 XV                 |                |                |
| was a water                | course Read   |                | Yes 🗵      | No  | II YES, VO          | fume impacting t            | ne watercourse.      |                |                |
| If a Watawa                |               | pacted, Descr  |            |   |                     |                             |                      |                |                |
| If a waterco               | uise was ini  | pacted, Desci  | ibe Fully. |   |                     |                             |                      |                |                |
|                            |               |                |            |   |                     |                             |                      |                |                |
|                            |               |                |            |   |                     |                             |                      |                |                |
| Describe Ca                | use of Probl  | em and Reme    | dial Actio | n Taken *   |                     |                             |                      |                |                |
|                            |               |                |            | on shot at the flowline of                        | ausing damage       | to the poly flowl           | ine. The leak was st | opped and      | the polyline   |
| repaired.                  |               |                |            |   | 0 0                 | 1 2                         |                      |                | 1 0            |
|                            |               |                |            |   |                     |                             |                      |                |                |
| Describe Are               | ea Affected   | and Cleanup A  | Action Tal | ken.*   |                     |                             |                      |                |                |
|                            |               |                |            |   |                     |                             |                      |                |                |
|                            |               |                |            | de the road. Concho wi                            |                     |                             |                      | e contamin     | ation from the |
| release and v              | ve will prese | ent a remediat | ion work j | plan to the NMOCD for                             | approval prior      | to any significant          | remediation work.    |                |                |
|                            |               |                |            |   |                     |                             |                      |                |                |
|                            |               |                |            | e is true and complete to                         |                     |                             |                      |                |                |
|                            |               |                |            | nd/or file certain release                        |                     |                             |                      |                |                |
|                            |               |                |            | ce of a C-141 report by to investigate and remedi |                     |                             |                      |                |                |
|                            |               |                |            | ptance of a C-141 report                          |                     |                             |                      |                |                |
| federal, state             | , or local la | ws and/or regu | ulations.  |   | 1                   |                             |                      |                |                |
|                            |               | ,              |            |   |                     | OIL CON                     | SERVATION ]          | DIVISIC        | <u>DN</u>      |
| G. (                       | Rolt          | . Amp          |            |   |                     |                             |                      |                |                |
| Signature:                 | ,             | r              |            |   | Approved by         | Environmental S             | pecialist:           |                |                |
| Printed Nam                | e: Robert C   | rubbs Jr.      |            |   | 11                  |                             |                      |                |                |
|                            |               |                |            |   |                     |                             |                      |                |                |
| Title: Senior              | Environme     | ntal Coordina  | tor        |   | Approval Da         | te:                         | Expiration D         | ate:           |                |
| E-mail Addr                | ess: rgrubbs  | @concho.con    | n          |   | Conditions of       | f Approval:                 |                      | A ++ c = 1 = 1 |                |
|                            |               |                |            |   | 1                   |                             |                      | Attached       |                |

Date: April 19, 2016

\* Attach Additional Sheets If Necessary

Phone: 432-683-7443

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.

|   |  |  | Rele  | ase Notific   |                                | n and Co                                     |   | ction  |   |  |
|---|--|--|---|---|--------------------------------|--|---|--|---|--|
|   |  |  | ittit   |   | uu101                          | OPERAT                                       |   | _  | l Report                                | Final Report   |
| Name of Co  | ompany: C  | OG Operati   | ng LLC  |   |                                |  | bert McNeill  |  | Report                                  |  |
|   |  | nois Avenue  |   | d TX 79701  |                                |  | No. 432-230-007   | 7  |   |  |
|   |  | 4 15 FEE #0  |   |   |                                | Facility Typ                                 |   | ·  |   |  |
| Surface Ow  | ner: Fee   |  |   | Mineral O   | wner:                          | Fee  |   | API No.  | 30-015-4                                | 2644   |
|   |  |  |   | LOCA  | τιοι                           | N OF REI                                     | LEASE   |  |   |  |
| Unit Letter   | Section  | Township   | Range   | Feet from the   |                                | /South Line                                  | Feet from the   | East/West Line   |   | County   |
| Р   | 16   | 18S  | 26Ē   | 789'  |                                | South  | 450'  | East   |   | Eddy   |
|   |  |  |   | Latitude 32.74  |                                | -  |   | ļ  |   |  |
|   |  |  |   | NAT   | URE                            | OF REL                                       |   | VI D   | 1                                       |  |
| Type of Rele<br>Produced Wa                                       |  |  |   |   |                                | Volume of<br>5 bbls                          | Release:  | Volume R<br>0 bbls   | ecovered:                               |  |
| Source of Re  |  |  |   |   |                                |  | lour of Occurrenc   |  | lour of Dis                             | coverv:  |
| flowline  |  |  |   |   |                                | 4/4/2016 7                                   |   | 4/4/2016 7   |   |  |
| Was Immedi  | ate Notice C   | _  | Yes 🗌   | No 🛛 Not Re   | quired                         | If YES, To                                   | Whom?   |  |   |  |
| By Whom?  |  |  |   |   |                                | Date and H                                   | lour:   |  |   |  |
| Was a Water   | course Reac  |  | <b></b>   |   |                                | If YES, Vo                                   | olume Impacting t   | he Watercourse.  |   |  |
|   |  |  | Yes 🗵   | No  |                                |  |   |  |   |  |
|   |  | em and Reme<br>when an unki                        |   |   | line ca                        | using damage                                 | to the poly flowl   | ine. The leak was st   | opped and                               | the polyline   |
| Describe Are  | a Affected   | and Cleanup A                                      | Action Tak  | en.*  |                                |  |   |  |   |  |
| remediation   | work plan to   |  | for appro   |   |                                |  |   | y possible impact fr<br>has been completed   |   | ease and presented a to the workplan                     |
| regulations a<br>public health<br>should their o<br>or the enviro | ll operators<br>or the enviro<br>operations h<br>nment. In a | are required to<br>conment. The<br>ave failed to a | o report an<br>acceptanc<br>adequately<br>OCD accep | d/or file certain re<br>e of a C-141 report<br>investigate and re | lease n<br>rt by the<br>mediat | otifications a<br>e NMOCD m<br>e contaminati | nd perform correc<br>arked as "Final R<br>on that pose a thre | nderstand that pursu<br>tive actions for relea<br>eport" does not relie<br>eat to ground water,<br>responsibility for co | ases which<br>eve the ope<br>surface wa | may endanger<br>rator of liability<br>ater, human health |
|   | ·  |  |   |   |                                |  | OIL CON   | SERVATION  | DIVISIO                                 | DN   |
|   | Sator R  | 4  |   |   |                                |  |   |  |   |  |
| Signature:  |  |  |   |   |                                | Approved by                                  | Environmental S   | pecialist:   |   |  |
| Printed Nam   | e: Dakota N  | leel   |   |   |                                |  |   |  |   |  |
| Title: HSE C  | oordinator   |  |   |   |                                | Approval Dat                                 | e:  | Expiration D   | Date:                                   |  |
| E-mail Addr   | ess: dneel2@   | concho.com   |   |   |                                | Conditions of                                | Approval:   |  | Attached                                |  |
| Date: Octobe  | er 24,2017   |  | Phone: 5  | 75-746-2010   |                                |  |   |  |   |  |

\* Attach Additional Sheets If Necessary