

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 Department

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

Form C-141
Revised August 24, 2018
Submit to appropriate OCD District office

Incident ID	
District RP	
Facility ID	
Application ID	

Release Notification

Responsible Party

Responsible Party	OGRID
Contact Name	Contact Telephone
Contact email	Incident # (assigned by OCD)
Contact mailing address	

Location of Release Source

Latitude _____ Longitude _____
(NAD 83 in decimal degrees to 5 decimal places)

Site Name	Site Type
Date Release Discovered	API# (if applicable)

Unit Letter	Section	Township	Range	County

Surface Owner: ☐ State ☐ Federal ☐ Tribal ☐ Private (Name: _____)

Nature and Volume of Release

Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)

<input type="checkbox"/> Crude Oil	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Produced Water	Volume Released (bbls)	Volume Recovered (bbls)
	Is the concentration of total dissolved solids (TDS) in the produced water >10,000 mg/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condensate	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Natural Gas	Volume Released (Mcf)	Volume Recovered (Mcf)
<input type="checkbox"/> Other (describe)	Volume/Weight Released (provide units)	Volume/Weight Recovered (provide units)

Cause of Release

Incident ID	
District RP	
Facility ID	
Application ID	

<p>Was this a major release as defined by 19.15.29.7(A) NMAC?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, for what reason(s) does the responsible party consider this a major release?</p>
<p>If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)?</p> <p style="text-align: center;"><i>AB</i></p>	

Initial Response

The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury

<input type="checkbox"/> The source of the release has been stopped. <input type="checkbox"/> The impacted area has been secured to protect human health and the environment. <input type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices. ** <input type="checkbox"/> All free liquids and recoverable materials have been removed and managed appropriately.	<input type="checkbox"/> The release has been reported to the appropriate authority. <input type="checkbox"/> The release has been reported to the appropriate authority.
If all the actions described above have <u>not</u> been undertaken, explain why: **	
Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.	
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD 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 OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.	
Printed Name: _____	Title: _____
Signature: <u>Kendra DelHoyos</u>	Date: _____
email: _____	Telephone: _____
<u>OCD Only</u>	
Received by: <u>Ana B. B. B.</u>	Date: _____