Form C-141 Page 3

# State of New Mexico Oil Conservation Division

Incident ID	NAB1909857043
District RP	1RP-5420
Facility ID	
Application ID	pAB1909856756

#### Site Assessment/Characterization

This information must be provided to the appropriate district office no later than 90 days after the release discovery date.

What is the shallowest depth to groundwater beneath the area affected by the release?	335(ft bgs)
Did this release impact groundwater or surface water?	☐ Yes ■ No
Are the lateral extents of the release within 300 feet of a continuously flowing watercourse or any other significant watercourse?	☐ Yes ■ No
Are the lateral extents of the release within 200 feet of any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)?	☐ Yes ■ No
Are the lateral extents of the release within 300 feet of an occupied permanent residence, school, hospital, institution, or church?	☐ Yes ☐ No
Are the lateral extents of the release within 500 horizontal feet of a spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes?	☐ Yes ■ No
Are the lateral extents of the release within 1000 feet of any other fresh water well or spring?	☐ Yes ■ No
Are the lateral extents of the release within incorporated municipal boundaries or within a defined municipal fresh water well field?	Yes No
Are the lateral extents of the release within 300 feet of a wetland?	☐ Yes ■ No
Are the lateral extents of the release overlying a subsurface mine?	Yes No
Are the lateral extents of the release overlying an unstable area such as karst geology?	☐ Yes ■ No
Are the lateral extents of the release within a 100-year floodplain?	Yes No
Did the release impact areas <b>not</b> on an exploration, development, production, or storage site?	Yes No
Attach a comprehensive report (electronic submittals in .pdf format are preferred) demonstrating the lateral and ver contamination associated with the release have been determined. Refer to 19.15.29.11 NMAC for specifics.	tical extents of soil
Characterization Report Checklist: Each of the following items must be included in the report.	
<ul> <li>Scaled site map showing impacted area, surface features, subsurface features, delineation points, and monitoring well.</li> <li>Field data</li> <li>Data table of soil contaminant concentration data</li> <li>Depth to water determination</li> </ul>	ls.
Determination  Determination of water sources and significant watercourses within ½-mile of the lateral extents of the release  Boring or excavation logs  Photographs including date and GIS information	
Topographic/Aerial maps  Laboratory data including chain of custody	

If the site characterization report does not include completed efforts at remediation of the release, the report must include a proposed remediation plan. That plan must include the estimated volume of material to be remediated, the proposed remediation technique, proposed sampling plan and methods, anticipated timelines for beginning and completing the remediation. The closure criteria for a release are contained in Table 1 of 19.15.29.12 NMAC, however, use of the table is modified by site- and release-specific parameters.

Form C-141 Page 4

## State of New Mexico Oil Conservation Division

Incident ID	NAB1909857043
District RP	1RP-5420
Facility ID	
Application ID	pAB1909856756

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: Wesley Mathews	Title: EHS Coordinator
Signature: Wesley Mathews	Date: <u>09/04/19</u>
Email Wesley.mathews@dvn.com	Telephone: 575-513-8608
OCD Only	
Received by: Robert Hamlet	Date: 10/4/2019

Form C-141 Page 5

#### State of New Mexico Oil Conservation Division

Incident ID	NAB1909857043
District RP	1RP-5420
Facility ID	
Application ID	pAB1909856756

### **Remediation Plan**

Remediation Plan Checklist: Each of the following items must be included in the plan.			
Detailed description of proposed remediation technique Scaled sitemap with GPS coordinates showing delineation points Estimated volume of material to be remediated Closure criteria is to Table 1 specifications subject to 19.15.29.12(C)(4) NMAC Proposed schedule for remediation (note if remediation plan timeline is more than 90 days OCD approval is required)			
Deferral Requests Only: Each of the following items must be confirmed as part of any request for deferral of remediation.			
Contamination must be in areas immediately under or around production equipment where remediation could cause a major facility deconstruction.			
Extents of contamination must be fully delineated.			
Contamination does not cause an imminent risk to human health, the environment, or groundwater.			
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: Wesley Mathews  Title: EHS Coordinator			
Signature: Wesley Mathews Date 09/04/19			
email: Wesley.mathews@dvn.com Telephone 575-513-8608			
OCD Only			
Received by: Robert Hamlet Date: 10/4/2019			
Approved Approved with Attached Conditions of Approval Denied Deferral Approved  Signature: 10/4/2019			