<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II
1301 W. Grand Avenue, 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

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe NIM 97505

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

Form C-141

Revised October 10, 2003

NMOCD ARTESIA

1220 5. 50. 114				2	anta 1	e, NM 8/3	505					
			Rel	ease Notifi	catio	n and C	orrective A	ction	1			
1MLB 1/22/37670						OPERATOR			Initial Report Final Repor			
Name of Company Devon Energy 6/37						Contact Ronnie Carre, Completions Foreman						
Address 6488 Seven Rivers Hwy - P.O. Box 250						Telephone No. 575-748-0179						
			30-005-6413		Facility Type Well							
Surface Ov	vner		Mineral (Owner	Lease No.							
				LOC	ATIO	N OF RE	FACE			<u> </u>		
Unit Letter Section Township Range Feet from the						North/South Line Feet from the			West Line	County	ounty	
G 1 12S 28E			2585	2585		FNL 1980		EL	Chaves			
		1	Latitude _.			Longitud						
T CD . 1.				NAT	UKE	OF REL			17.1 E			
Type of Rele					Volume of Release 300 barrels			Volume Recovered 220 barrels				
Source of Release						Date and Hour of Occurrence 06-09-11 - 5:17 a.m.			Date and Hour of Discovery 06-09-11 - 5:17 a.m.			
Was Immediate Notice Given? ☐ Yes ☑ No ☐ Not Required						If YES, To Whom?						
By Whom?					Date and Hour							
Was a Watercourse Reached? ☐ Yes ☑ No						If YES, Volume Impacting the Watercourse.						
If a Waterco	urse was Im	pacted, Descri	ibe Fully.*									
		lem and Rem		ion Taken.*	A c	ross-thread	led end cap	on a ta	ank caus	sed the acid f	o leak out	
		and Cleanup And 135':		en.* nind the tanks.	Initi	al cleanup h	as been com	pleted.				
										uant to NMOCD r		
										ases which may e		
										eve the operator o , surface water, hu		
or the enviro	nment. In a		CD accep							ompliance with an		
		/ regu			OIL CONSERVATION DIVISION							
Signature: Olympia Carry						Approved by Bistried Sper Ason /4 Brances						
Printed Name	: Ronn	ie Carre				Approved by	Bigned Spervis	(W./4)	EXMITTE	<u> </u>		
Title:	Com	pletions F	oreman			Approval Dat	AUG 0 9 2	011 E	xpiration I	Date:		
E-mail Addre	ess: ronni	ie.carre@d	vn.com			Conditions of	••			Attached		
Date:		Phone: 57	75-748-0	179		Remediati	on per OCD Ru	ules &				
Attach Additional Sheets If Necessary						Guidelines. SUBMIT REMEDIATION 100 100 100 100 100 100 100 100 100 10						
						ROPOSAL NOT LATER THAN: Comparison					8/2	
						Vet	9, 2011	_ ,	REC	EIVED]	
								ſ	JUN	15 2011	1	