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

Responsible Party

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

OGRID

Contact Name					Contact Telephone			
Contact email					Incident # (assigned by OCD)			
Contact mailing address								
			Location	ı of R	elease Sc	nurce		
			Location			Jurce		
Latitude			(NAD 83 in de	lecimal deg	Longitude _ rees to 5 decim	nal places)		
Site Name				1	Site Type			
Date Release Discovered					API# (if applicable)			
Date Release	Discovered				AP1# (tj applicable)			
Unit Letter	Section	Township	Range		County			
C - C - C			1.1 D.b.	(N			_	
Surface Owner	:: State	Federal Tri	ibai 🔛 Private ((Name: _)	
			Nature an	d Vol	ume of F	Release		
	Material	(s) Released (Select all	that apply and attac	ch calculati	ons or specific	justification for th	e volumes provided below)	
Crude Oil Volume Released (bbls)					Volume Recovered (bbls)			
Produced Water		Volume Released (bbls)				Volume Recovered (bbls)		
		Is the concentration the produced v			ids (TDS)	Yes N	No	
			the produced water >10,000 mg/l? olume Released (bbls)			Volume Recovered (bbls)		
☐ Natural Gas Volume Released (Mcf)					Volume Recovered (Mcf)			
Other (describe) Volume/Weight Released (provide units			de units)		Volume/Weight Recovered (provide units)			
Cause of Rele	ease							

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State of New Mexico Oil Conservation Division

Incident ID	
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Was this a major	If YES, for what reason(s) does the responsible party consider this a major release?					
release as defined by						
19.15.29.7(A) NMAC?						
☐ Yes ☐ No						
If YES, was immediate no	otice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)?					
,						
Initial Response						
The responsible p	party must undertake the following actions immediately unless they could create a safety hazard that would result in injury					
☐ The source of the rele	ease has been stopped.					
☐ The impacted area has	s been secured to protect human health and the environment.					
Released materials ha	we been contained via the use of berms or dikes, absorbent pads, or other containment devices.					
All free liquids and re	ecoverable materials have been removed and managed appropriately.					
<u> </u>	d above have <u>not</u> been undertaken, explain why:					
if all the actions described	rabove have <u>not</u> been undertaken, explain why.					
Per 19.15.29.8 B. (4) NM	AC the responsible party may commence remediation immediately after discovery of a release. If remediation					
	a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred					
within a lined containmen	at area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.					
I hereby certify that the infor	rmation 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>Callix Karriga</u>	Date:					
email:	Telephone:					
OCD Only						
Descion 11	Date:					
Received by:	Internante Date:					