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. Francia Dr., Santa Fe, NM 875

## State of New Mexico HOBBS OCD Energy Minerals and Natural Resources

Form C-141
Revised August 8, 2011

ADD Submit 4 Copy to appropriate District Office in

Oil Conservation Division 1220 South St. Francis Dr.

APR Sybmid Gopy to appropriate District Office in accordance with 19.15.29 NMAC.

| 1220 S. St. Fran   | cis Dr., Santa | Fe, NM 87505        | Si           | anta Fe               | , NM 875   | 05 RE        | CEIV   | 'En        |                            |           |       |              |  |
|--|----------------|---------------------|--------------|-----------------------|------------|--------------|--|------------|----------------------------|-----------|-------|--------------|--|
| Release Notification and Corrective Action   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| nab 1609938552   |                |                     |              |                       |            |              | ГOR  | ×          | ] Initi                    | al Report | П     | Final Report |  |
|  |                |                     |              |                       |            |              | Contact Jennifer Duarte                                  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              | Telephone No. 713-513-6640                               |            |                            |           |       |              |  |
| Facility Name CEDAR CANYON CDP   |                |                     |              |                       |            |              | Facility Type CDP  |            |                            |           |       |              |  |
| Surface Ow   | nor .          | Harro               | 10 9         | Mineral (             |            |              | 1  | A DI No    | 20.1                       | 7/5       | 34997 |              |  |
| Surface Ow   | IPC1           |                     |              |                       |            |              |  |            | ALI INC                    | . JUL     | /5-   | <u> </u>     |  |
| Unit Letter  | Section        | Tanakia             | Denne        | LOCA<br>Feet from the |            | NOF RE       |  | East/Wes   | 47:                        | I County  |       |              |  |
| P Citil Letter   | 9              | Township<br>24S     | Range<br>29E | rectironitise         | MOLUN      | 200m tinc    | Feet from the  | CASUWES    | H LINE                     | County    | Miny  |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Latitude32.2267 Longitude103.983   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| NATURE OF RELEASE  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Type of Release GAS - FLARE Volume of Release 14412.2 MCF Volume Recovered 0   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Source of Release GAS – FLARE  |                |                     |              |                       |            |              | lour of Occurrence                                       | e D        | Date and Hour of Discovery |           |       |              |  |
| Was Immediate Notice Given?  |                |                     |              |                       |            |              | 5 - BEGAN  |            |                            |           |       |              |  |
| was immedia  | ale Notice C   |                     | Yes [        | No □ Not R            | eouired    | If YES, To   | Whom?  |            |                            |           |       |              |  |
| By Whom?   |                |                     |              | , <u> </u>            | Date and I | lour         |  |            |                            |           |       |              |  |
| Was a Watercourse Reached?   |                |                     |              |                       |            |              | Date and Hour  If YES, Volume Impacting the Watercourse. |            |                            |           |       |              |  |
| Yes No   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| If a Watercourse was Impacted, Describe Fully.*  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| The state of the s |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| ·  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Describe Cause of Problem and Remedial Action Taken.*  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Enterprise - flaring what gas we can't sell to Enterprise & DCP.   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Describe Are   | a Affected     | and Cleanup A       | ction Tal    | ken.*                 |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       | :            |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              | nu periorm correc<br>arked as "Final R                   |            |                            |           |       |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD 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.  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  | 1              | $\Lambda$ $\Lambda$ | 1            |                       | OIL CON    | <u>SERVA</u> | TION   | DIAIR      | <u> </u>                   |           |       |              |  |
| Signature: Daniel Colors   |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
|  | <del>,</del>   | V                   |              |                       |            | Approved by  | Environmental S  | pecialist: | HΩ                         | $\int A$  | _     |              |  |
| Printed Name: JENNIFER DUARTE  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Title: ENVII   | RONMENT        | AL SPECIAL          | JST          |                       |            | Approval Da  | te: 47 10  | Exp        | iration                    | Date: N   | H     |              |  |
|  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| E-mail Address: jennifer_duarte@oxy.com  Conditions of Approval:  Remediation per O.C.D. Rules & Guide   Remediation per O.C.D. Rules & |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |
| Date: 03/31/2016 Phone: 713-513-6640 SUBMIT REMEDIATION PROPOSAL NO  |                |                     |              |                       |            |              |  |            |                            |           |       |              |  |

\* Attach Additional Sheets If Necessary

LATER THAN: \_\_\_\_\_\_\_

\*2RP-3544