## OIL CONS. DIV DIST. 3

District I
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

\* Attach Additional Sheets If Necessary

State of New Mexico Energy Minerals and Natural Resources

MAY 1 3 2016

Form C-141 Revised August 8, 2011

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office to accordance with 19.15.29 NMAC.

| Release Notification and Corrective Action                                                                                      |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                 |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        | OPERATOR                                                                        |                                                        |                                                             |                                                                                                                          |  |
| Name of Company Burlington Resources Oil &Gas Co.                                                                               |                                                                 |                                                  |                                                     |                                                                    |                                     | Contact Bobby Spearman                                 |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Address 3401 East 30th St, Farmington, NM                                                                                       |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        | Telephone No.(505)-320-3045                                                     |                                                        |                                                             |                                                                                                                          |  |
| Facility Name: Grambling C 2R Facility Type: Gas well                                                                           |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Surface Owner: BLM Mineral Owner: I                                                                                             |                                                                 |                                                  |                                                     |                                                                    |                                     | FED API No. 3004528625                                 |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| LOCATION OF RELEASE                                                                                                             |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Unit Letter Section Township Range Feet from the No 14 30N 10W 1425                                                             |                                                                 |                                                  |                                                     |                                                                    |                                     | th/South Line Feet from the South 1725                 |                                                                                 | East/West Line<br>West                                 |                                                             | County<br>San Juan                                                                                                       |  |
| Latitude 36.80867_Longitude -107.85609 NATURE OF RELEASE                                                                        |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Type of Release Natural gas                                                                                                     |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        | Volume of Release 750 MCF Volume Recovered 0/0                                  |                                                        |                                                             |                                                                                                                          |  |
| Source of Release;                                                                                                              |                                                                 |                                                  |                                                     |                                                                    |                                     | Date and Hour of Occurrence Date and Hour of Discovery |                                                                                 |                                                        |                                                             | Hour of Discovery                                                                                                        |  |
| Flow line from well head to seperator                                                                                           |                                                                 |                                                  |                                                     |                                                                    |                                     | 4-9-16 8:52 A 4-27-16 10:00A                           |                                                                                 |                                                        |                                                             | 10:00A                                                                                                                   |  |
| Was Immediate Notice Given?  ☐ Yes ☐ No ☐ Not Required                                                                          |                                                                 |                                                  |                                                     |                                                                    |                                     | If YES, To Whom?                                       |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| By Whom?                                                                                                                        |                                                                 |                                                  |                                                     |                                                                    |                                     | Date and Hour                                          |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Was a Watercourse Reached?                                                                                                      |                                                                 |                                                  |                                                     |                                                                    |                                     | If YES, Volume Impacting the Watercourse.              |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| ☐ Yes ⊠ No                                                                                                                      |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
|                                                                                                                                 |                                                                 | em and Reme<br>eaked due to c                    |                                                     | n Taken.*                                                          |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Describe Area Affected and Cleanup Action Taken.* Shut well in, excavated and repaired flowline. Pull confirmation samples ASAP |                                                                 |                                                  |                                                     |                                                                    |                                     |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| regulations a<br>public health<br>should their<br>or the enviro                                                                 | all operators<br>n or the envir<br>operations h<br>onment. In a | are required to<br>ronment. The<br>ave failed to | o report ar<br>acceptant<br>adequately<br>OCD accep | nd/or file certain rece of a C-141 report investigate and records. | elease no<br>ort by the<br>emediate | otifications a<br>NMOCD m<br>contaminati               | nd perform correct<br>arked as "Final R<br>on that pose a three the operator of | ctive action<br>deport" do<br>reat to gro<br>responsib | ons for rele<br>bes not reli<br>bund water<br>bility for co | eases which may endanger<br>eve the operator of liability<br>r, surface water, human health<br>compliance with any other |  |
| Signature: RSpearman                                                                                                            |                                                                 |                                                  |                                                     |                                                                    |                                     | OIL CONSERVATION DIVISION                              |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Printed Name: Bobby Spearman                                                                                                    |                                                                 |                                                  |                                                     |                                                                    |                                     | Approved by Environmental Specialist:                  |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Title: Field Environmental Specialist                                                                                           |                                                                 |                                                  |                                                     |                                                                    |                                     | Approval Date: 5   2016 Expiration Date:               |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| E-mail Addr                                                                                                                     | ess: Robert.                                                    | .E.Spearman                                      | phillips.com                                        |                                                                    | Conditions of Approval:  Attached   |                                                        |                                                                                 |                                                        |                                                             |                                                                                                                          |  |
| Date: 5-10-16 Phone: (505) 320-3045                                                                                             |                                                                 |                                                  |                                                     |                                                                    |                                     | Sample Location Was                                    |                                                                                 |                                                        |                                                             |                                                                                                                          |  |

FORTPH, BTEX NCS 1613226310

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