

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

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

By OCD District 1 at 2:58 pm, Jul 14, 2015

Revised August 8, 2011

Submit 1 Copy to appropriate District Office in
accordance with 19.15.29 NMAC.

Release Notification and Corrective Action

OPERATOR		<input checked="" type="checkbox"/> Initial Report	<input checked="" type="checkbox"/> Final Report
Name of Company: Devon Energy Production Co LP (6137)	Contact: Jeff Heath		
Address: PO Box 250 Artesia, NM 88211	Telephone No. 575- 513-2274		
Facility Name: Ragin Cajun 13 Fed 1H	Facility Type : Well Location		
Surface Owner: Federal	Mineral Owner: Federal	API No. 30-025-41259	

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
N	13	26S	34E	330	South	1345	West	Lea

Latitude: **32.0369829632102** Longitude: **103.427823760271**

NATURE OF RELEASE

Type of Release: Produced Water	Volume of Release: 20 bbls	Volume Recovered: 20 bbls
Source of Release: Water Treatment Tank	Date and Hour of Occurrence 6/20/15, 10:00 PM	Date and Hour of Discovery 6/20/15, 10:00 PM
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? OCD- Thomas Obering BLM- Jeff Robertson	
By Whom? Jeff Heath, Devon Foreman	Date and Hour: 6/22/15, 7:48 AM 6/22/15, 7:51 AM	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse. N/A	
If a Watercourse was Impacted, Describe Fully.* N/A		
Describe Cause of Problem and Remedial Action Taken.* (Record No. 3699). A Complete Energy employee noticed a water build-up around the suction manifold portion on the outside of the water treatment tank and inside the secondary containment. When he investigated the spill, he noticed the manifold had shifted causing a small tear in the tank liner. The water in the tank was drained and transferred to another tank. Secondary, primary, and ground liner repairs were made initially but cuts were found in ground liner from the manifold so this area was patched and hydrotested on 6/28/15 and held. Tank was returned to service on 6/29/15.		
Describe Area Affected and Cleanup Action Taken.* The spill was completely contained and recovered. No further remedial action was necessary.		
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 public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability 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.		
Signature: 	OIL CONSERVATION DIVISION	
Printed Name: Denise Menoud	Approved by Environmental Specialist: 	
Title: Field Admin Support	Approval Date: 07/14/2015	Expiration Date: ///
E-mail Address: Denise.Menoud@dvn.com	Conditions of Approval: ///	Attached <input type="checkbox"/>
Date: 6/23/2015 Phone: 575-746-5544	1RP-3699 ogrid 6137	

pKJ1518050388

nKJ1518050170

This form contains sensitive employee health and safety information. Use it in a manner that protects the employee's confidentiality.



Preliminary
Supplemental
Final

Incident reported to Safety:
Date:
Time:

I. INCIDENT DATA:

Injury Illness Vehicle Spill FRO DAFA Biological Exposure

SIMS NO:

Date of Incident:

Time of Incident:

Employee:

(LAST NAME, FIRST NAME)

If a fatality, when did death occur?

Lease Driver: Yes No Lease Company:

Brief Description:

Location of Incident:

City:

State:

Zip Code:

County:

Weather:

Equipment Type:

Equipment Number:

Light Conditions:

Type of Event:

Other:

Activity at Time of Incident:

Body Part:

If "Other", specify:

Left/Right Side:

Nature of Injury:

Job Title:

If "Other", specify:

Other Equipment Involved:

Primary Incident Location:

If "Other", specify:

If "Other", specify:

CATEGORY:

II. CUSTOMER DATA:

Customer Notified: Yes No N/A

Customer:

Date/Time Reported to Customer:

Customer Representative Name:

Phone:

Lease:

Well Number:

III. EMPLOYEE DATA:

Social Security Number:

Birth Date:

Sex: Male Female

Hire Date:

Speaks English: Yes No If "No" language:

Employee Phone:

Employee Address:

City:

State:

Zip Code:

County:

Company:

Yard:

Employee DL#:

DL State:

Company Experience: Years and Months

Job Experience: Years and Months

Employee Shift Start-Time:

Names of both **Manager & Supervisor:**

Supervisor Phone:

Time Awoke:

If the employee stopped work at the time of the incident, at what date / time did the employee start back to work?

Date:

Time:

IV. EMPLOYEE TREATMENT DATA:

NOT APPLICABLE:

First Aid at Worksite: Yes No

Emergency Room: Yes No

In-Patient: Yes No

Facility Name:

Facility Address:

Out-Patient: Yes No

Doctor:

Facility Phone:

MedCor: Yes No

Who accompanied the employee to the doctor?:

Medical Documents Obtained: Yes No

If yes, please attach medical documents to the email.

V. NON-COMPANY PROPERTY DATA:		NOT APPLICABLE:		PROPERTY DAMAGE:		BODILY INJURY:	
Owner Name/Address/Phone:							
Owner Name Insurance Policy Company/Number/Phone:							
Injured (1) Name/Address/Phone:							
Type Injuries:							
Injured (2) Name/Address/Phone:							
Type Injuries:							
Did anyone suffer injury that required immediate medical treatment away from the scene?						Yes	No
Was there a fatality to third party?		Yes	No				
VI. CREW MEMBER, WITNESS, AND / OR PASSENGER DATA:				NOT APPLICABLE:			
Crew Member / Other Person (include name, title, phone number) or Witness / Passenger Information if available: Report drug test results in Section IX. IF A WITNESS WAS PRESENT, INCLUDE HIS / HER COMPANY AND A CONTACT PHONE NUMBER.						Check Box if Witness / Passenger	Check Box if Drug Tested
						Attempt to obtain a detailed statement from all witnesses. This is very important if a Fatality occurs.	
VII.VEHICLE DATA:		NOT APPLICABLE:					
CES Unit #:	Year:	Make:	Model:	Color:	LP:	State:	
VIN#:		Towed: Yes No	Was the tow necessary due to disabling damage?	Yes	No		
Vehicle Towed By:		Vehicle Taken To:					
Damage Description / Location:							
Company unit owned		or leased					
Trailer #:	Year:	Make:	Model:	Color:	LP:	State:	
VIN#:		Towed: Yes No	Was the tow necessary due to disabling damage?	Yes	No		
Vehicle Towed By:		Vehicle Taken To:					
Damage Description / Location:							
Company unit owned		or leased					

VIII.OTHER VEHICLE DATA:**NOT APPLICABLE:**

Year: Make/Model: VIN # Color: LP: State:

Towed: Yes No Was the tow necessary due to disabling damage? Yes No Vehicle Towed By?

Damage Description / Location:

Driver Name: Driver Contact Phone #:

Year: Make/Model: VIN # Color: LP: State:

Towed: Yes No Was the tow necessary due to disabling damage? Yes No Vehicle Towed By?

Damage Description / Location:

Driver Name: Driver Contact Phone #:

Year: Make/Model: VIN # Color: LP: State:

Towed: Yes No Was the tow necessary due to disabling damage? Yes No Vehicle Towed By?

Damage Description / Location:

Driver Name: Driver Contact Phone #:

IX. MISCELLANEOUS:**NOT APPLICABLE:**

Accident Report: Yes No Unknown Agency & Officer Name:

Report #:

Citation issued: Yes No Unknown Issued To:

Violation:

X. CHRONOLOGICAL SEQUENCE OF EVENTS:

XI. COMPLETED BY:

Name/Title/Phone:

The results of DOT testing may not be available for initial reports. Report drug test results in Section IX.

Post-Accident Drug Test Administered: Yes No
If yes: DOT Non-DOT

Post-Accident Alcohol Test Administered: Yes No
If yes: DOT Non-DOT

If a post-accident test is not administered, explain why in Section IX.

Chain Of Custody #:

Upon completion of the report - Save as "MM/DD/YYYY - BU - YD - Employee Name" PRIOR to hitting the submit button.



Rod Lorenz

Operations Manager

rlorenz@ces-wtt.com

July 2, 2015

Mr. Jeff Heath
Devon Energy Corporation
6488 Seven Rivers Hwy
Artesia, NM 88210

Summary of Repairs on the West Tank Location:

Mr. Heath,

Between frac jobs we observed the west tank located on the Ragin Cajun Fed 13 1 H Pad developed a leak in the first and second liner inside the tank as produced water was exiting into the ground containment area outside the tank.

Once the tank was emptied we observed a couple small cuts in the liner due to the suction manifold shifting and causing the cuts. We repaired the two (2) areas and put the tank under hydro test for 24 hours. During the hydro test we noticed the tank continued to leak. We dropped the tank level down and scrubbed the entire area to make sure all possible areas the manifold could have reached was inspected.

Once the area was scrubbed we found and repair a total of seven cuts due to the manifold. The cuts were very small which were patch and then a larger patch was put over the entire area of the smaller patch to provide double protection over the repaired cut. The manifold is being properly installed above the liner to prevent this from reoccurring.

Please see the pictures below for details of the cuts and repairs.







Please let me know if you need additional information.

Sincerely,

Rod Lorenz
Operations Manager

8701 W County Rd 127 | Midland, TX (P) 432-234-2711