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

\* Attach Additional Sheets If Necessary

## State of New Mexico Energy Minerals and Natural Resources

Revised August 8, 2011

Submit 1 Copy to appropriate District Office in

Form C-141

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

## **Release Notification and Corrective Action**

|   |               |                 |            |                       |           | OPERA   | ΓOR                                   |                | ✓ Initia      | al Report       |               | Report |  |
|---|---------------|-----------------|------------|-----------------------|-----------|---|---------------------------------------|----------------|---------------|-----------------|---------------|--------|--|
| 2   |               |                 |            |                       |           |   | Contact Christine Alderman            |                |               |                 |               |        |  |
| Address 600 N Marienfeld Ste 600 Midland TX                               |               |                 |            |                       |           |   | Telephone No. 432-853-7059            |                |               |                 |               |        |  |
| Facility Name Williams 34 #6  |               |                 |            |                       |           |   | Facility Type production              |                |               |                 |               |        |  |
| Surface Owner Mineral Owner   |               |                 |            |                       |           |   | API No. 30-025-35911                  |                |               |                 |               |        |  |
|   |               |                 |            | LOCA                  | TIOI      | V OF REI  | EASE                                  |                | •             |                 |               |        |  |
| Unit Letter   | Section       | Township        | Range      | Feet from the         |           | South Line  | Feet from the                         | East/West Line |               | County          |               |        |  |
| P   | 34            | 19S             | 37E        | 330                   |           | S   | 840                                   | E              |               | Lea             |               |        |  |
|   |               | 1,2             | 1012       |                       | N3850     |   |                                       | ۱<br>۵         |               |                 |               |        |  |
| Latitude_32.6103859_Longitude103.2335129  NATURE OF RELEASE               |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
| Tyme of Dale  | nee produc    | od woter        |            | NAI                   | 1         | Volume of Release 50 bbls Volume Recovered 47 bbls                                  |                                       |                |               |                 |               |        |  |
| Type of Release produced water Source of Release tank                     |               |                 |            |                       |           | Date and Hour of Occurrence Date and Hour   |                                       |                |               |                 |               |        |  |
| SIZES SZZEZENSO MIIK  |               |                 |            |                       |           | 7/19/2015 7/19/2015   |                                       |                |               |                 |               |        |  |
| Was Immediate Notice Given?   |               |                 |            |                       |           |   | If YES, To Whom?                      |                |               |                 |               |        |  |
| ☐ Yes ☐ No ☐ Not Required   |               |                 |            |                       |           | Kellie Jones  |                                       |                |               |                 |               |        |  |
| By Whom? Christine Alderman   |               |                 |            |                       |           |   | Date and Hour 7/23/2015 10am          |                |               |                 |               |        |  |
| Was a Watercourse Reached?  ☐ Yes ☒ No                                    |               |                 |            |                       |           | If YES, Volume Impacting the Watercourse.   |                                       |                |               |                 |               |        |  |
| If a Watercourse was Impacted, Describe Fully.*                           |               |                 |            |                       |           | DECI  | IVED                                  |                |               |                 |               |        |  |
| a watercourse was impacted, Describe Pully."                              |               |                 |            |                       |           |   | RECEIVED                              |                |               |                 |               |        |  |
| By Kellie Jones at 3:28 pm, Oct 13, 2015                                  |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
|   |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
| Describe Cau  |               |                 |            |                       | _ е_и т   | *L  | ton tonir oxean                       | llad           |               |                 |               |        |  |
| A fuse blew i   | nside the ci  | ectricai panai  | causing t  | ne transfer pump t    | 5 Ian. 1  | ne produced   | water tallk over it                   | neu.           |               |                 |               | •      |  |
| Describe Are  | A ffootod     | and Claanum     | Antion Tol | tan *                 |           |   |                                       |                |               |                 |               |        |  |
|   |               |                 |            | t and were recover    | ed.       |   |                                       |                |               |                 |               |        |  |
|   |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
|   |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
| Lhereby certi   | fy that the i | nformation of   | ven ahove  | is true and compl     | ete to th | ne hest of my   | knowledge and u                       | nderstar       | nd that nurs  | suant to NMO    | CD rules an   | d      |  |
|   |               |                 |            | nd/or file certain re |           |   |                                       |                |               |                 |               |        |  |
| public health   | or the envi   | ronment. The    | acceptane  | ce of a C-141 repo    | rt by the | NMOCD m   | arked as "Final R                     | eport" d       | oes not reli  | ieve the operat | or of liabili | ty     |  |
| should their o  | perations h   | ave failed to a | adequately | investigate and re    | emediate  | e contaminati   | on that pose a thr                    | eat to gr      | ound water    | r, surface wate | r, human he   | ealth  |  |
|   |               |                 | -          | tance of a C-141      | eport de  | oes not reliev  | e the operator of                     | responsi       | bility for ce | ompiiance wit   | a any otner   |        |  |
| federal, state, or local laws and/or regulations.                         |               |                 |            |                       |           | OIL CONSERVATION DIVISION   |                                       |                |               |                 |               |        |  |
| Signature: Christine alderman   |               |                 |            |                       |           |   | OAL COLINGIE LATINE DE LINE ON        |                |               |                 |               |        |  |
| Signature: (  | 1000          | une c           | une        | mur_                  | ~         |   |                                       |                |               | - 9             |               |        |  |
| Printed Name: Christine Alderman  |               |                 |            |                       |           |   | Approved by Environmental Specialist: |                |               |                 |               |        |  |
| Title: ESH Supervisor A   |               |                 |            |                       |           |   | e: 10/13/2015                         | I              | Expiration 1  | Date: 12/13/20  | 015           |        |  |
|   |               |                 |            |                       |           |   |                                       |                |               |                 |               |        |  |
| E-mail Address: calderman@cimarex.com                                     |               |                 |            |                       |           | Conditions of Approval:  Site samples required. Delineate and  Attached □  IRD 2015 |                                       |                |               |                 |               |        |  |
| Date: 7/23/2015 Phone: 432-853-7059 remediate as per MNOCD guides. Geotag |               |                 |            |                       |           |   |                                       |                | 1RP-3915      |                 |               |        |  |

photographs of remediation required.