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 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    | NAPP2112033828 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

# **Release Notification**

## **Responsible Party**

| Responsible Party OGRID           |                                                                                                                  |                |                   |                                        |                   |                               |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|-------------------|----------------------------------------|-------------------|-------------------------------|
| Contact Name Contact T            |                                                                                                                  | elephone       |                   |                                        |                   |                               |
| Contact emai                      | 1                                                                                                                |                |                   | Incident #                             | (assigned by OCD) | )                             |
| Contact mail                      | ing address                                                                                                      |                |                   | 1                                      |                   |                               |
|                                   |                                                                                                                  |                | Location          | of Release So                          | ource             |                               |
| Latitude                          |                                                                                                                  |                | (NAD 83 in dec    | Longitude _<br>imal degrees to 5 decin | nal places)       |                               |
| Site Name                         |                                                                                                                  |                |                   | Site Type                              |                   |                               |
| Date Release                      | Discovered                                                                                                       |                |                   | API# (if app                           | licable)          |                               |
| Unit Letter                       | Section                                                                                                          | Township       | Range             | Coun                                   | ity               | ]                             |
| Crude Oil                         | Material                                                                                                         | Federal Tr     | Nature and        | l Volume of I                          |                   | e volumes provided below)     |
| Produced                          |                                                                                                                  |                |                   |                                        | Volume Reco       | ,                             |
| Troduced                          | Volume Released (bbls)  Is the concentration of total dissolved solids (TDS) in the produced water >10,000 mg/l? |                | Yes N             | <u> </u>                               |                   |                               |
| Condensa                          | te                                                                                                               | Volume Release | d (bbls)          |                                        | Volume Reco       | overed (bbls)                 |
| Natural Gas Volume Released (Mcf) |                                                                                                                  | Volume Reco    | overed (Mcf)      |                                        |                   |                               |
| Other (des                        | scribe)                                                                                                          | Volume/Weight  | Released (provide | units)                                 | Volume/Weig       | ght Recovered (provide units) |
| Cause of Rele                     | ease                                                                                                             |                |                   |                                        |                   |                               |

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|                         | Incident ID | NAPP211203382 |
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| Was this a major                                | If YES, for what reason(s) does the respon            | nsible party consider this a major release?                                                                                                          |
|-------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| release as defined by 19.15.29.7(A) NMAC?       |                                                       |                                                                                                                                                      |
| 19.13.29.7(A) NMAC:                             |                                                       |                                                                                                                                                      |
| ☐ Yes ☐ No                                      |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
| If YES, was immediate no                        | otice given to the OCD? By whom? To wh                | nom? When and by what means (phone, email, etc)?                                                                                                     |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 | I '' ID                                               |                                                                                                                                                      |
|                                                 | Initial Ro                                            | esponse                                                                                                                                              |
| The responsible p                               | party must undertake the following actions immediatel | y unless they could create a safety hazard that would result in injury                                                                               |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 | ease has been stopped.                                |                                                                                                                                                      |
|                                                 | s been secured to protect human health and            |                                                                                                                                                      |
|                                                 |                                                       | likes, absorbent pads, or other containment devices.                                                                                                 |
| All free liquids and re                         | ecoverable materials have been removed an             | d managed appropriately.                                                                                                                             |
| If all the actions described                    | d above have <u>not</u> been undertaken, explain      | why:                                                                                                                                                 |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
|                                                 |                                                       |                                                                                                                                                      |
| Per 19.15.29.8 B. (4) NM                        | AC the responsible party may commence r               | emediation immediately after discovery of a release. If remediation                                                                                  |
| has begun, please attach                        | a narrative of actions to date. If remedial           | efforts have been successfully completed or if the release occurred                                                                                  |
| within a lined containmen                       | nt area (see 19.15.29.11(A)(5)(a) NMAC), p            | lease attach all information needed for closure evaluation.                                                                                          |
|                                                 |                                                       | best of my knowledge and understand that pursuant to OCD rules and                                                                                   |
|                                                 |                                                       | fications and perform corrective actions for releases which may endanger OCD does not relieve the operator of liability should their operations have |
| failed to adequately investig                   | ate and remediate contamination that pose a thre      | at to groundwater, surface water, human health or the environment. In                                                                                |
| addition, OCD acceptance of and/or regulations. | f a C-141 report does not relieve the operator of     | responsibility for compliance with any other federal, state, or local laws                                                                           |
| C                                               |                                                       |                                                                                                                                                      |
| Printed Name:                                   | B                                                     | Title:                                                                                                                                               |
| Signature:                                      | tion Bakes                                            | Date:                                                                                                                                                |
|                                                 |                                                       |                                                                                                                                                      |
| CIIIaII                                         |                                                       | Telephone:                                                                                                                                           |
|                                                 |                                                       |                                                                                                                                                      |
| OCD Only                                        |                                                       |                                                                                                                                                      |
| Received by: Domo                               | ana Marous                                            | Date: _ 5/10/2021                                                                                                                                    |
| Received by. <u>Raillo</u>                      | ona Marcus                                            | Date,                                                                                                                                                |

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## Site Assessment/Characterization

This information must be provided to the appropriate district office no later than 90 days after the release discovery date.

| What is the shallowest depth to groundwater beneath the area affected by the release?                                                                                                                                                                                                                                                                                                                                                                                                 | (ft bgs)              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| Did this release impact groundwater or surface water?                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 300 feet of a continuously flowing watercourse or any other significant watercourse?                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 200 feet of any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)?                                                                                                                                                                                                                                                                                                                                          | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 300 feet of an occupied permanent residence, school, hospital, institution, or church?                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 500 horizontal feet of a spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes?                                                                                                                                                                                                                                                                                       | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 1000 feet of any other fresh water well or spring?                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within incorporated municipal boundaries or within a defined municipal fresh water well field?                                                                                                                                                                                                                                                                                                                                                 | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within 300 feet of a wetland?                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release overlying a subsurface mine?                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release overlying an unstable area such as karst geology?                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Yes ☐ No            |  |
| Are the lateral extents of the release within a 100-year floodplain?                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes ☐ No            |  |
| Did the release impact areas <b>not</b> on an exploration, development, production, or storage site?                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Yes ☐ No            |  |
| Attach a comprehensive report (electronic submittals in .pdf format are preferred) demonstrating the lateral and ver contamination associated with the release have been determined. Refer to 19.15.29.11 NMAC for specifics.                                                                                                                                                                                                                                                         | tical extents of soil |  |
| Characterization Report Checklist: Each of the following items must be included in the report.                                                                                                                                                                                                                                                                                                                                                                                        |                       |  |
| Scaled site map showing impacted area, surface features, subsurface features, delineation points, and monitoring wells.  Field data  Data table of soil contaminant concentration data  Depth to water determination  Determination of water sources and significant watercourses within ½-mile of the lateral extents of the release  Boring or excavation logs  Photographs including date and GIS information  Topographic/Aerial maps  Laboratory data including chain of custody |                       |  |

If the site characterization report does not include completed efforts at remediation of the release, the report must include a proposed remediation plan. That plan must include the estimated volume of material to be remediated, the proposed remediation technique, proposed sampling plan and methods, anticipated timelines for beginning and completing the remediation. The closure criteria for a release are contained in Table 1 of 19.15.29.12 NMAC, however, use of the table is modified by site- and release-specific parameters.

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| I hereby certify that the information given above is true and complete to the regulations all operators are required to report and/or file certain release not public health or the environment. The acceptance of a C-141 report by the Gailed to adequately investigate and remediate contamination that pose a threaddition, OCD acceptance of a C-141 report does not relieve the operator of and/or regulations. | ifications and perform corrective actions for releases which may endanger OCD does not relieve the operator of liability should their operations have eat to groundwater, surface water, human health or the environment. In |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printed Name:  Signature:  Signature:                                                                                                                                                                                                                                                                                                                                                                                 | _ Title:                                                                                                                                                                                                                     |
| Signature: Chrisa Dafis                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                                                                                                                                                                                        |
| email:                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone:                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |
| OCD Only                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |
| Received by: Ramona Marcus                                                                                                                                                                                                                                                                                                                                                                                            | Date:5/10/2021                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |

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# Closure

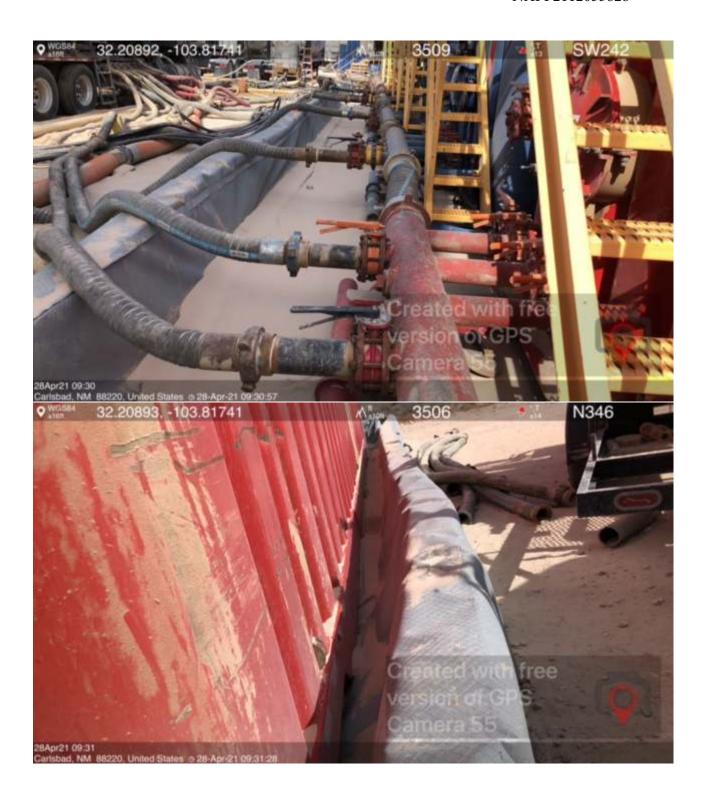
The responsible party must attach information demonstrating they have complied with all applicable closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a comprehensive report (electronic submittals in .pdf format are preferred) including a scaled site map, sampling diagrams, relevant field notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of final sampling, and a narrative of the remedial activities. Refer to 19.15.29.12 NMAC.

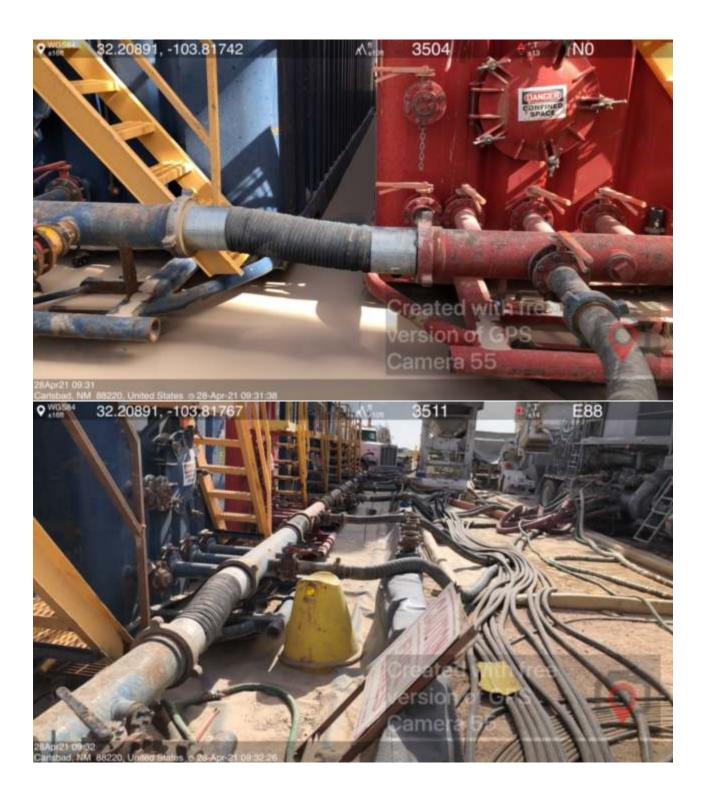
Closure Report Attachment Checklist: Each of the following items must be included in the closure report.

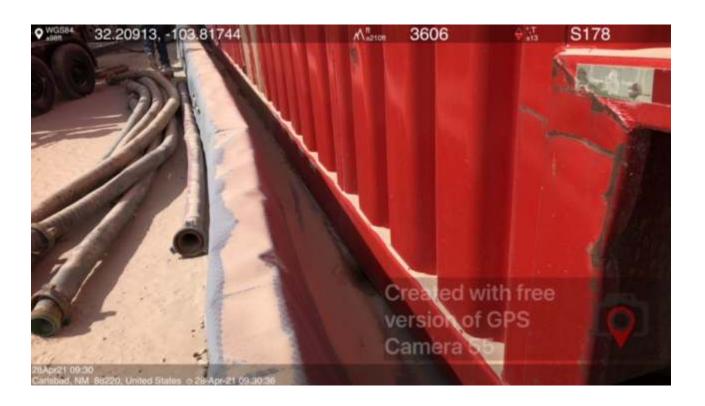
| ☐ A scaled site and sampling diagram as described in 19.15.29.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 NMAC                                                                                                                                                                                        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Photographs of the remediated site prior to backfill or photos of the liner integrity if applicable (Note: appropriate OCD District office must be notified 2 days prior to liner inspection)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                               |  |  |
| ☐ Laboratory analyses of final sampling (Note: appropriate ODG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C District office must be notified 2 days prior to final sampling)                                                                                                                            |  |  |
| ☐ Description of remediation activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                               |  |  |
| and regulations all operators are required to report and/or file certain may endanger public health or the environment. The acceptance of should their operations have failed to adequately investigate and replant human health or the environment. In addition, OCD acceptance of compliance with any other federal, state, or local laws and/or regular restore, reclaim, and re-vegetate the impacted surface area to the coaccordance with 19.15.29.13 NMAC including notification with 19.15.29.13 NMAC in | ntions. The responsible party acknowledges they must substantially nditions that existed prior to the release or their final land use in OCD when reclamation and re-vegetation are complete. |  |  |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title:                                                                                                                                                                                        |  |  |
| Printed Name:  Signature:  A Color of the Co | Date:                                                                                                                                                                                         |  |  |
| email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone:                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                               |  |  |
| OCD Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                               |  |  |
| Received by: Ramona Marcus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date: 5/10/2021                                                                                                                                                                               |  |  |
| remediate contamination that poses a threat to groundwater, surface party of compliance with any other federal, state, or local laws and/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |  |  |
| Closure Approved by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date:                                                                                                                                                                                         |  |  |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title:                                                                                                                                                                                        |  |  |

| Location:          | PLU 18 TWR 104H        |       |        |
|--------------------|------------------------|-------|--------|
| Spill Date:        | 4/19/2021              |       |        |
|                    | Area 1                 |       |        |
| Approximate Area = |                        | 70.18 | cu.ft. |
|                    | VOLUME OF LEAK         |       |        |
| Total Frac fluid = |                        | 12.50 | bbls   |
|                    | TOTAL VOLUME OF LEAK   |       |        |
| Total Frac fluid = |                        | 12.50 | bbls   |
|                    | TOTAL VOLUME RECOVERED |       |        |
| Total Frac fluid = |                        | 12.50 | bbls   |

### NAPP2112033828







District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

CONDITIONS

Action 26431

#### **CONDITIONS**

| Operator:              | OGRID:                                    |
|------------------------|-------------------------------------------|
| XTO ENERGY, INC        | 5380                                      |
| 6401 Holiday Hill Road | Action Number:                            |
| Midland, TX 79707      | 26431                                     |
|                        | Action Type:                              |
|                        | [C-141] Release Corrective Action (C-141) |

#### CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| chensley   | None      | 6/24/2021      |