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    | nAPP2110232460 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

# **Release Notification**

#### **Responsible Party**

| Responsible Party Marathon Oil Permian LLC                     | OGRID 372098                   |
|----------------------------------------------------------------|--------------------------------|
| Contact Name Melodie Sanjari                                   | Contact Telephone 575-988-8753 |
| Contact email msanjari@marathonoil.com                         | Incident # (assigned by OCD)   |
| Contact mailing address 4111 S. Tidwell Rd., Carlsbad, NM 8220 |                                |

# **Location of Release Source**

| <u>27987337</u>                                                                                                                                                                         |                                           | Longitude<br>(NAD 83 in de                                                                                                       | !ecimal d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -103.98443491<br>legrees to 5 decimal places)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LUE STEEI                                                                                                                                                                               | 21 WYX FEDE                               | RAL COM #012                                                                                                                     | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Site Type: Oil & Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date Release Discovered: 4/11/2021 API# (if applicable): 30-015-45896                                                                                                                   |                                           | 45896                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unit Letter Section Township Range County                                                                                                                                               |                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 28                                                                                                                                                                                      | 23S                                       | 29E Eddy                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Surface Owner: State Federal Tribal Private (Name:)                                                                                                                                     |                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Nature and Volume of Release                                                                                                                                                            |                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)  Crude Oil Volume Released (bbls) Volume Recovered (bbls) |                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1                                                                                                                                                                                       | LUE STEEI Discovered: Section 28 r: State | LUE STEEL 21 WYX FEDE  Discovered: 4/11/2021  Section Township 28 23S  r: State Federal Township  Material(s) Released (Select a | CNAD 83 in divided by the control of | Compared   Compared | (NAD 83 in decimal degrees to 5 decimal places)  LUE STEEL 21 WYX FEDERAL COM #012H Site Type: Oil & Gas  Discovered: 4/11/2021 API# (if applicable): 30-015-  Section Township Range County  28 23S 29E Eddy  r: ☐ State ☒ Federal ☐ Tribal ☐ Private (Name:  Nature and Volume of Release  Material(s) Released (Select all that apply and attach calculations or specific justification for the second |

| Crude Oil        | Volume Released (bbls)                                                         | Volume Recovered (bbls)                 |
|------------------|--------------------------------------------------------------------------------|-----------------------------------------|
| Produced Water   | Volume Released (bbls) 35                                                      | Volume Recovered (bbls) 35              |
|                  | Is the concentration of dissolved chloride in the produced water >10,000 mg/l? | ⊠ Yes □ No                              |
| Condensate       | Volume Released (bbls)                                                         | Volume Recovered (bbls)                 |
| Natural Gas      | Volume Released (Mcf)                                                          | Volume Recovered (Mcf)                  |
| Other (describe) | Volume/Weight Released (provide units)                                         | Volume/Weight Recovered (provide units) |
| Cause of Release |                                                                                |                                         |

The air eliminator failed on water transfer pump 1, which caused approx. 35 bbl. of produced water to be released inside of the lined, secondary containment. The WTP was repaired and all standing fluid was recovered. A notice will be sent out prior to a liner integrity inspection.

Received by OCD: 5/12/2021 9:05:35 AM Form C-141 State of New Mexico Page 2 Oil Conservation Division

Page 2 of 10

| Incident ID    | nAPP2110232460 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

| Was this a major release as defined by           | If YES, for what reason(s) does the respon Volume      | sible party consider this a major release?                                                                                                         |
|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 19.15.29.7(A) NMAC?                              |                                                        |                                                                                                                                                    |
| ⊠ Yes □ No                                       |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
| If YES, was immediate no Yes, NOR submitted 4/12 | •                                                      | om? When and by what means (phone, email, etc)?                                                                                                    |
| ,                                                |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
|                                                  | Initial Re                                             | sponse                                                                                                                                             |
| The responsible                                  | party must undertake the following actions immediately | unless they could create a safety hazard that would result in injury                                                                               |
| The source of the rele                           | ease has been stopped.                                 |                                                                                                                                                    |
| ☐ The impacted area ha                           | s been secured to protect human health and             | he environment.                                                                                                                                    |
| Released materials ha                            | we been contained via the use of berms or d            | kes, absorbent pads, or other containment devices.                                                                                                 |
| All free liquids and re                          | ecoverable materials have been removed and             | managed appropriately.                                                                                                                             |
| If all the actions described                     | d above have <u>not</u> been undertaken, explain v     | hy:                                                                                                                                                |
|                                                  |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
|                                                  |                                                        |                                                                                                                                                    |
| Per 19.15.29.8 B. (4) NM                         | AC the responsible party may commence re               | mediation immediately after discovery of a release. If remediation                                                                                 |
| has begun, please attach                         | a narrative of actions to date. If remedial e          | fforts have been successfully completed or if the release occurred ease attach all information needed for closure evaluation.                      |
|                                                  |                                                        | est of my knowledge and understand that pursuant to OCD rules and                                                                                  |
| public health or the environr                    | nent. The acceptance of a C-141 report by the O        | ications and perform corrective actions for releases which may endanger CD does not relieve the operator of liability should their operations have |
|                                                  |                                                        | t to groundwater, surface water, human health or the environment. In esponsibility for compliance with any other federal, state, or local laws     |
| and/or regulations.                              |                                                        |                                                                                                                                                    |
| Printed Name: <u>Mel</u>                         | odie Sanjari                                           | Title: Environmental Professional                                                                                                                  |
| Signature:Melod                                  | lie Sanjari                                            | Date: 4/13/2021                                                                                                                                    |
|                                                  | <del></del>                                            |                                                                                                                                                    |
| email: <u>msanjari@mara</u>                      | thonoil.com                                            | Telephone: <u>575-988-8753</u>                                                                                                                     |
|                                                  |                                                        |                                                                                                                                                    |
| OCD Only                                         |                                                        |                                                                                                                                                    |
| Received by:                                     |                                                        | Date:                                                                                                                                              |
|                                                  |                                                        |                                                                                                                                                    |

Page 3 of 10

| Incident ID    | nAPP2110232460 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

# 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 item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s must be included in the closure report.                                                                                                                                                                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 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 ODC D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | istrict office must be notified 2 days prior to final sampling)                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Description of remediation activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| I hereby certify that the information given above is true and complete to and regulations all operators are required to report and/or file certain re may endanger public health or the environment. The acceptance of a C should their operations have failed to adequately investigate and remed human health or the environment. In addition, OCD acceptance of a C compliance with any other federal, state, or local laws and/or regulation restore, reclaim, and re-vegetate the impacted surface area to the condit accordance with 19.15.29.13 NMAC including notification to the OCD | lease notifications and perform corrective actions for releases which 3-141 report by the OCD does not relieve the operator of liability iate contamination that pose a threat to groundwater, surface water, 141 report does not relieve the operator of responsibility for as. The responsible party acknowledges they must substantially tions that existed prior to the release or their final land use in |  |
| Printed Name: Melodie Sanjari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title: Environmental Professional                                                                                                                                                                                                                                                                                                                                                                              |  |
| Signature: <u>Melodíe Sanjarí</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date: 5/12/2021                                                                                                                                                                                                                                                                                                                                                                                                |  |
| email:msanjari@marathonoil.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone: <u>575-988-8753</u>                                                                                                                                                                                                                                                                                                                                                                                 |  |
| OCD Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Received by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iability should their operations have failed to adequately investigate and er, human health, or the environment nor does not relieve the responsible egulations.                                                                                                                                                                                                                                               |  |
| Closure Approved by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title:                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |  |

Released to Imaging: 6/25/2021 3:55:43 PM

| - 4  | •        | 1 |
|------|----------|---|
|      |          | ì |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          | į |
| - 1  |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      | 3        |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
| - 6  | -        |   |
| ٠,   | •        | d |
|      |          | 1 |
| - 1  |          | ١ |
|      |          |   |
|      | \        | ì |
|      | . `      | ١ |
| - 1  |          | i |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
| -1   |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          | ŧ |
|      |          |   |
|      |          |   |
|      | 6        |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
| ٠,   | •        | i |
|      | -        |   |
|      |          |   |
|      | *        |   |
|      | ,-       | ۱ |
|      | -        |   |
| - 74 | Ē        | 2 |
|      |          | ۱ |
|      |          |   |
| - 70 |          |   |
|      |          |   |
|      | C        | ١ |
|      | 2        |   |
|      | Š        |   |
|      | 0        |   |
|      | 300      |   |
|      | 1000     |   |
|      | 1000     |   |
|      | DOW      |   |
|      | DOWL     |   |
|      | DOWLO    |   |
|      | DOWIO.   |   |
|      | DOME     |   |
|      | COLLOS   |   |
|      | DOMEOS   |   |
|      | DOWNOOD  |   |
|      | DOMEDOO  |   |
|      | COCTOOO  |   |
|      | Koronon  |   |
|      | Kocorood |   |

| Liner Integrity Inspection (Photos Attached)                                                   |       |
|------------------------------------------------------------------------------------------------|-------|
| Date: 5/le/2021                                                                                |       |
| Facility: Blue Steel Fed CoM 12H ~12pm<br>48 Hour Notification Given On: 5/4/202/ (000 \$ BUM) |       |
| Responsible party has visually inspected the liner                                             | (∕)⁄N |
| Liner remains intact                                                                           | Ø'n   |
| Liner had the ability to contain the leak in question:                                         | (Y)N  |
|                                                                                                |       |
|                                                                                                |       |
| Notes:                                                                                         |       |
| recent rain-puddles some wind blown sand                                                       |       |
| no liner or containment rips transgaps failures.                                               |       |

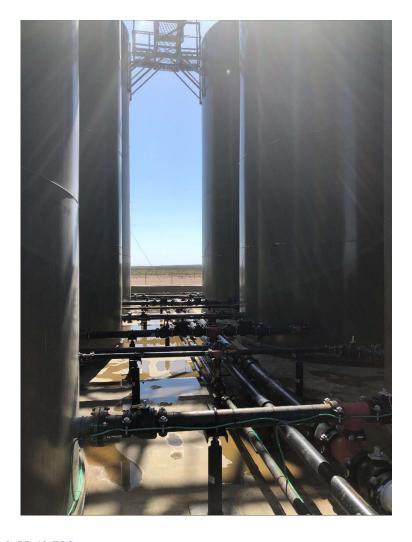
Company Representative(s)

Melodie Sanjari
M. Sanjari ,



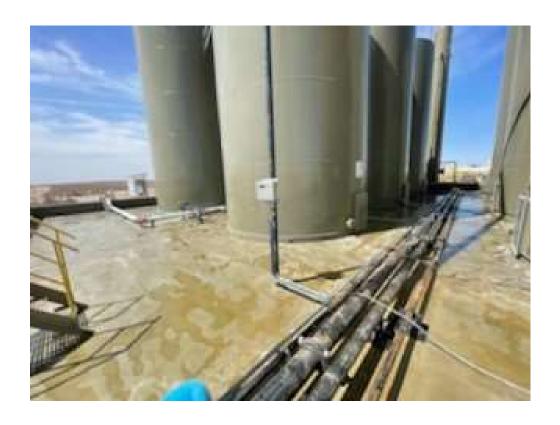












ate of New Mexico Incident ID nAPP2110232

| Incident ID    | nAPP2110232460 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

Page 9 of 10

# 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |  |
| 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 ODC District office must be notified 2 days prior to final sampling)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |  |
| Description of remediation activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |  |
| I hereby certify that the information given above is true and complete the and regulations all operators are required to report and/or file certain resumal endanger public health or the environment. The acceptance of a Coshould their operations have failed to adequately investigate and remed human health or the environment. In addition, OCD acceptance of a Compliance with any other federal, state, or local laws and/or regulation restore, reclaim, and re-vegetate the impacted surface area to the conditionacce with 19.15.29.13 NMAC including notification to the OCD | C-141 report by the OCD does not relieve the operator of liability liate contamination that pose a threat to groundwater, surface water, -141 report does not relieve the operator of responsibility for ns. The responsible party acknowledges they must substantially tions that existed prior to the release or their final land use in |  |
| Printed Name: Melodie Sanjari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Title: Environmental Professional                                                                                                                                                                                                                                                                                                          |  |
| Signature: Melodie Sanjari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: 5/12/2021                                                                                                                                                                                                                                                                                                                            |  |
| email: <u>msanjari@marathonoil.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone: <u>575-988-8753</u>                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |  |
| OCD Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                            |  |
| Received by: Robert Hamlet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: 6/25/2021                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | liability should their operations have failed to adequately investigate and er, human health, or the environment nor does not relieve the responsible regulations.                                                                                                                                                                         |  |
| Closure Approved by: Robert Hamlet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date: <u>6/25/2021</u>                                                                                                                                                                                                                                                                                                                     |  |
| Printed Name: Robert Hamlet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title: Environmental Specialist - Advanced                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |  |

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 27922

#### **CONDITIONS**

| Operator:                | OGRID:                                    |
|--------------------------|-------------------------------------------|
| MARATHON OIL PERMIAN LLC | 372098                                    |
| 5555 San Felipe St.      | Action Number:                            |
| Houston, TX 77056        | 27922                                     |
|                          | Action Type:                              |
|                          | [C-141] Release Corrective Action (C-141) |

#### CONDITIONS

| Created By | Condition                                                                                                                                                   | Condition Date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| rhamlet    | We have received your closure report and final C-141 for Incident #NAPP2110232460 BLUE STEEL 21 WYX FEDERAL COM #012H, thank you. This closure is approved. | 6/25/2021      |