

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	
District RP	
Facility ID	
Application ID	

Release Notification

Responsible Party

Responsible Party	OGRID
Contact Name	Contact Telephone
Contact email	Incident # (assigned by OCD)
Contact mailing address	

Location of Release Source

Latitude _____ Longitude _____
(NAD 83 in decimal degrees to 5 decimal places)

Site Name	Site Type
Date Release Discovered	API# (if applicable)

Unit Letter	Section	Township	Range	County

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)

<input type="checkbox"/> Crude Oil	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Produced Water	Volume Released (bbls)	Volume Recovered (bbls)
	Is the concentration of dissolved chloride in the produced water >10,000 mg/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condensate	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Natural Gas	Volume Released (Mcf)	Volume Recovered (Mcf)
<input type="checkbox"/> Other (describe)	Volume/Weight Released (provide units)	Volume/Weight Recovered (provide units)

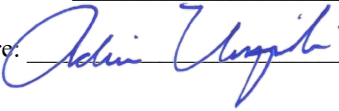
Cause of Release

Incident ID	
District RP	
Facility ID	
Application ID	

Was this a major release as defined by 19.15.29.7(A) NMAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, for what reason(s) does the responsible party consider this a major release?
If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)?	

Initial Response

The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury

<input type="checkbox"/> The source of the release has been stopped.	
<input type="checkbox"/> The impacted area has been secured to protect human health and the environment.	
<input type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices.	
<input type="checkbox"/> All free liquids and recoverable materials have been removed and managed appropriately.	
If all the actions described above have <u>not</u> been undertaken, explain why:	
Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.	
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.	
Printed Name: _____	Title: _____
Signature:  _____	Date: <u>09/21/2023</u>
email: _____	Telephone: _____
<u>OCD Only</u>	
Received by: <u>Scott Rodgers</u>	Date: <u>09/22/2023</u>

Cooper's Salt Water Disposal

P.O. Box 65

Monument, New Mexico 88265

Manager - Jimmie DeBusk (575) 574-8687

Owner - Jimmie Cooper (254) 493-9082

Permit # R-12375

NO 192591

TIME 1230 DATE 9 6 23

TRUCKING COMPANY 10100

TRUCK # 4

DRIVER/TICKET # 1

COMPANY HAULING FOR Forza

LOCATION HAULED FROM Yeall - Yeall

NO. OF BARRELS 120

DRIVER Heber Perez

Lobo Trucking

233614

PO Box 2914 • Hobbs, NM 88241

Phone: (575) 391-1331 • Fax: (575) 393-8274

Artesia, New Mexico

Phone (575) 736- 8687 • Fax (575) 736-1545

MONTH	DAY	YEAR
9	6	23

Lease Operator

Yeah Yeah Forza

Well No.

Lease Name

Yeah Yeah

Truck No.

Top Gauge

Bottom Gauge

Bbls. Hauled

120

EMPLOYEE NAME

OMG - #2684

Lobo Trucking

PO Box 2914 • Hobbs, NM 88241

Phone: (575) 391-1331 • Fax: (575) 393-8274

Artesia, New Mexico

Phone (575) 736- 8687 • Fax (575) 736-1545

234309

MONTH	DAY	YEAR
9	6	23

Lease Operator

Well No.

Lease Name

Truck No.

Top Gauge

Bottom Gauge

Bbls. Hauled

EMPLOYEE NAME

OMG - #2684

Parker Energy Support Services, Inc.

PHONE (575) 394-0444 • FAX (575) 394-0043

P.O. BOX 1957

2350 AVE. O, EUNICE, NM 88231

TRUCKING WORK TICKET

COMPANY: Goodnight Midstream LEASE: ANTELOPE RIDGE

W/T 150957

ADDRESS TO MAIL INVOICE:

P.O. #

JOB DESCRIPTION: DRIVE TO LOCATION TO
CLEAN UP SPILL, I CONNECTED MY HOSE
AND SUCKED ALL THE SOLIDS FROM THE
GROUND

SALESMAN

DATE 9-6-23

WELL

UNIT #	DRIVER NAME (PRINT)	TOTAL HRS.	TEXAS MILES	TOP GAUGE	BTM. GAUGE		
34	Rosalba montano	7					
EQUIPMENT USED				MATERIALS USED			
Type of Equipment	Hours	Unit Price	Total	Type of Material / Water Sta. SWD	Amount Barrels / Yards	Unit Price	Total Price
Kill Truck		\$		Type Water	Water Sta. / SWD		\$
Gang Truck		\$		Brine			\$
Vacuum Truck	7	\$		Fresh			\$
Helper		\$		Jet Out			\$
Safety Supervisor		\$		Produced	PARKER 260		\$
4 Gas Monitor		\$		Solids			\$
Steamer		\$		Caliche	SUNDACE 40		\$
Chart Recorder		\$		Top Soil			\$
Dump Truck		\$		Contaminated Soil			\$
Backhoe		\$		Gravel			\$
Belly Dump Truck		\$		SAFETY EQUIPMENT REQUIRED TO DO THIS JOB			
Dozer		\$		<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Lock Out / Tag Out	PRE-JOB HAZARD ASSESSMENT	
Trachoe		\$		<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Ground Cable	LIFTING	
Tractor		\$		<input checked="" type="checkbox"/> Cotton / Rubber Gloves	<input checked="" type="checkbox"/> H2S / Tri-Monitors	Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N	
Haul Truck		\$		<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Safety Harness / Anti-fall Device	Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N	
Loader		\$		<input type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Proper Clothing	Slip / Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N	
Roller		\$		<input type="checkbox"/> Wheel Chock	<input type="checkbox"/> Hearing Protection	Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N	
Skidsteer		\$		<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Safety Belts	Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N	
Attachments		\$		<input type="checkbox"/> Work Permit Required	<input type="checkbox"/> Other (explain) _____	Hand & Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Face Shields / Goggles	ENVIRONMENTAL	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Back Support Belts	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	
Type of Chemical	Gallons	Unit Price	Total	Sequence of Basic Job Steps:			
Acid		\$		DROVE			
Degreaser		\$		CAUTION			
Paraffin Solvent		\$		BACKING			
Inhibitor		\$		Hazards:			
KCL Liquid		\$		ACCIDENT			
Biocide		\$		DAMAGE			
Packer Fluid		\$		H 2 S			
Soap		\$		Action Taken to Eliminate or Reduce Potential Hazards			
		\$		DROVE			
		\$		CAUTION			
		\$		LOADING			
				Grand Total		\$	
Driver Signature		Customer Signature		Company Representative (print)			
Rosalba Montano		[Signature]		Daniel Pallas			

Parker Energy Support Services, Inc.

PHONE (575) 394-0444 • FAX (575) 394-0043
P.O. BOX 1957
2350 AVE. O, EUNICE, NM 88231

OK

TRUCKING WORK TICKET

COMPANY: GOODNIGHT LEASE: ANTELOPE RIDGE W/T 150958
ADDRESS TO MAIL INVOICE: _____ P.O. # _____
JOB DESCRIPTION: DROVE TO LOCATION TO SALESMAN _____
I TAKE the solids from A DAY BEFORE TO DATE 9-7-23
SUNDANCE Disposal 40 BBLs of Solids and I WELL _____
set out my TANK

UNIT #	DRIVER NAME (PRINT)			TOTAL HRS.	TEXAS MILES	TOP GAUGE	BTM. GAUGE
34	ROSALBA MONTANO			3			
EQUIPMENT USED				MATERIALS USED			
Type of Equipment	Hours	Unit Price	Total	Type of Material / Water Sta. SWD	Amount	Unit Price	Total Price
Kill Truck			\$	Type Water	Water Sta. / SWD	Barrels / Yards	
Gang Truck			\$	Brine			\$
Vacuum Truck	3		\$	Fresh			\$
Helper			\$	Jet Out			\$
Safety Supervisor			\$	Produced	SUNDANCE 40		\$
4 Gas Monitor			\$	Solids			\$
Steamer			\$	Caliche			\$
Chart Recorder			\$	Top Soil			\$
Dump Truck			\$	Contaminated Soil			\$
Backhoe			\$	Gravel			\$
Belly Dump Truck			\$	SAFETY EQUIPMENT REQUIRED TO DO THIS JOB			
Dozer			\$	<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Lock Out / Tag Out	PRE-JOB HAZARD ASSESSMENT	
Trachoe			\$	<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Ground Cable	LIFTING	
Tractor			\$	<input checked="" type="checkbox"/> Cotton / Rubber Gloves	<input checked="" type="checkbox"/> H2S / Tri-Monitors	Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N	
Haul Truck			\$	<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Safety Harness / Anti-fall Device	Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N	
Loader			\$	<input type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Proper Clothing	Slip / Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N	
Roller			\$	<input type="checkbox"/> Wheel Chock	<input type="checkbox"/> Hearing Protection	Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N	
Skidsteer			\$	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Safety Belts	Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N	
Attachments			\$	<input type="checkbox"/> Work Permit Required	<input type="checkbox"/> Other (explain)	Hand & Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Face Shields / Goggles		Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Back Support Belts		Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	
				ENVIRONMENTAL			
				Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N			
Type of Chemical	Gallons	Unit Price	Total	Sequence of Basic Job Steps:			
Acid			\$	DROVE			
Degreaser			\$	CAUTION			
Paraffin Solvent			\$	BACKING			
Inhibitor			\$	HAZARDS:			
KCL Liquid			\$	ACCIDENT			
Biocide			\$	DAMAGE			
Packer Fluid			\$	H2S			
Soap			\$	Action Taken to Eliminate or Reduce Potential Hazards			
			\$	DROVE			
			\$	CAUTION			
			\$	LOADING			
Grand Total				\$			
Driver Signature			Customer Signature		Company Representative (print)		
ROSALBA MONTANO					DANIEL PERINS		

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

District IV
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 268055

CONDITIONS

Operator: GOODNIGHT MIDSTREAM PERMIAN, LLC 5910 North Central Expressway Dallas, TX 75206	OGRID: 372311
	Action Number: 268055
	Action Type: [C-141] Release Corrective Action (C-141)

CONDITIONS

Created By	Condition	Condition Date
scott.rodgers	None	9/22/2023