<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II

1301 W Grand Avenue, Artesia, NM 88210

District III 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr , Santa Fe, NM 87505

## State of New Mexico **Energy Minerals and Natural Resources**

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

Revised October 10, 2003

Form C-141

Submit 2 Copies to appropriate
District Office in accordance
with Rule 116 on back
side of form

|                                        |                |                  | Rele                                                            | ease Notific                                                        | catio         | n and Co                                                      | orrective A                          | ction            |              |            |             |          |         |
|----------------------------------------|----------------|------------------|-----------------------------------------------------------------|---------------------------------------------------------------------|---------------|---------------------------------------------------------------|--------------------------------------|------------------|--------------|------------|-------------|----------|---------|
| MLB 10.                                | 309520         | 75               |                                                                 | OPERATOR .                                                          |               |                                                               |                                      | al Repo          | rt 🛛         | Fina       | l Repor     |          |         |
| Name of Co                             |                |                  |                                                                 | Contact Kelton Beaird                                               |               |                                                               |                                      |                  |              |            |             |          |         |
|                                        |                | nmerce Carl      |                                                                 | Telephone No. (O) 575-628-4100  Facility Type Oil Well with Battery |               |                                                               |                                      |                  |              |            |             |          |         |
| Facility Na                            | me Lakev       | vood 15-1        |                                                                 |                                                                     |               | Facility Typ                                                  | e Oil Well with                      | h Batter         | <u>y</u>     |            |             |          |         |
| Surface Ow                             | ner Private    | е                | Owner                                                           | Lease No. API: 3001533574                                           |               |                                                               |                                      |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 | LOCA                                                                | ATIO          | N OF RE                                                       | LEASE                                |                  |              |            |             |          |         |
| Unit Letter                            | Section        | Township         | Range                                                           | Feet from the                                                       | North         | /South Line                                                   | Feet from the                        | East/W           | est Line     | County     | 1           |          |         |
| I                                      | 15             | 198              | 26E                                                             |                                                                     |               |                                                               |                                      |                  |              | Eddy       |             |          |         |
|                                        | •              | •                | La                                                              | titude                                                              |               | Longitud                                                      | le                                   | <u> </u>         |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               | <del>-</del> ~                                                |                                      |                  |              |            |             |          |         |
| Type of Rele                           | ase Oil and    | Produced Wa      | E OF RELEASE  Volume of Release 54bbls  Volume Recovered 25bbls |                                                                     |               |                                                               |                                      |                  |              |            |             |          |         |
| Source of Re                           |                |                  | Date and Hour of Occurrence D                                   |                                                                     |               | Date and                                                      | Date and Hour of Discovery           |                  |              |            |             |          |         |
| Was Immediate Notice Given?            |                |                  |                                                                 |                                                                     |               | If VES To                                                     | W/hom?                               |                  | 10-17-10     | @ 1 pm     |             |          |         |
| ✓ Yes ☐ No ☐ Not Required              |                |                  |                                                                 |                                                                     |               | If YES, To Whom? Mike Bratcher (Left message and sent e-mail) |                                      |                  |              |            |             |          |         |
| By Whom? Kelton Beaird (HES-Oxy)       |                |                  |                                                                 |                                                                     |               | Date and Hour See above                                       |                                      |                  |              |            |             |          |         |
| Was a Watercourse Reached?  ☐ Yes ☒ No |                |                  |                                                                 |                                                                     |               | If YES, Volume Impacting the Watercourse                      |                                      |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  |              |            |             |          |         |
| If a Watercon                          | urse was Im    | pacted, Descr    | ibe Fully.*                                                     |                                                                     |               |                                                               |                                      |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  | B            | FCF        | IVE         |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  | 1            | i          |             | - 1      |         |
| Describe Cau                           | ise of Proble  | em and Reme      |                                                                 |                                                                     |               |                                                               | <del>JUN   I</del>                   | 3 2011           |              |            |             |          |         |
| Tank Battery                           | corroded as    | nd leaked. Th    | e tank wa                                                       | s emptied and ren                                                   | rom service   |                                                               |                                      | A I B A          |              | ARTES      | LΙΔ         |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  | MIVI         | OCD        | AITIEC      | <u> </u> |         |
| Describe Are                           | a Affected     | and Cleanup A    | Action Tak                                                      | en *                                                                |               |                                                               |                                      | _                |              |            |             |          |         |
|                                        |                |                  |                                                                 | ound the battery a<br>sposal. Clean like                            |               |                                                               | st of the battery in                 | the past         | ture apprx   | . 21' X 1  | 2'. As app  | roved    | , 2° of |
| iidaa iii was                          | 101110VCG IIC  | illica to Dati D | and for an                                                      | sposur. Cicar mo                                                    | o muca i      | ur was orougi                                                 | it in 101 oderin.                    |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  |              |            |             |          |         |
| I hereby cert                          | ify that the i | nformation gi    | ven above                                                       | is true and comp                                                    | lete to t     | he best of my                                                 | knowledge and u                      | nderstan         | d that pur   | suant to 1 | VMOCD rt    | iles ar  | ıd      |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               | nd perform correc                    |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               | arked as "Final Rion that pose a thr |                  |              |            |             |          |         |
| or the environ                         | nment In a     | ddition NMC      | CD accep                                                        | tance of a C-141                                                    | report d      | loes not reliev                                               | e the operator of                    | responsil        | oility for c | omplian    | ce with any | other    |         |
| tederal, state                         | or local lay   | vs and or regu   | llations.                                                       |                                                                     |               | <del>}</del>                                                  |                                      |                  |              |            |             |          |         |
|                                        |                |                  |                                                                 |                                                                     |               | OIL CONSERVATION DIVISION                                     |                                      |                  |              |            |             |          |         |
| Signature:                             | / <u>/</u>     |                  |                                                                 | P                                                                   | $\mathcal{A}$ |                                                               | Signed By_                           | MIR              | BKA          | nuese      | =           |          |         |
| Printed Name                           | e: Kelton B    | searrd           |                                                                 | 7                                                                   |               | Approved by                                                   | District Supervis                    | or.              |              |            |             |          |         |
| Title: HES Specialist A                |                |                  |                                                                 |                                                                     |               |                                                               | te:AUG 0 4 2                         | 011 <sub>E</sub> | expiration   | Date. M    | A           |          |         |
|                                        |                |                  |                                                                 |                                                                     |               |                                                               | f Approval. N A                      |                  |              |            |             |          |         |
|                                        |                | osuma(wox).      | Conditions Of                                                   | 2.                                                                  | ()            |                                                               | Attac                                | hed 🔲            |              |            |             |          |         |
| Date. 5-23-1<br>Attach Addi            |                | ets If Necess    | arv                                                             |                                                                     |               |                                                               | 71/                                  | up               |              |            |             |          |         |
| ranon riuul                            | doing one      | OED II 14000334  | ua j                                                            |                                                                     |               |                                                               |                                      |                  | c            | フペト        | 0-46        | 4        |         |
| 1                                      |                |                  |                                                                 |                                                                     |               |                                                               |                                      |                  |              |            |             |          |         |