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

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

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

Form C-141

Revised August 8, 2011

			Kei	ease Notific	cation			cuon	1411.1	1702	<u></u>	nt in		
Nama of C	· · · · · · · · · · · · · · · · · · ·	OPERATOR							ort					
Name of Co		Contact: Zack Thomas Telephone No. 575-393-5905												
							Facility Type: Producing Oil Well							
Surface Ow	ner: BLM	BLM API No. 30-025-40731												
	, e care s			LOCA	TION	OF REI	LEASE					3		
Unit Letter M	Section 28	Township 18S	Range 32E	Feet from the 80'	North/ South	South Line	Feet from the 1310'	East/V West	West Line	County Lea				
Latitude32.7114507Longitude103.7756090_														
	NATURE OF RELEASE													
Type of Release: Produced water/Oil Volume of Release: estimated 20 Volume Recovered: Oil (8 bbls)												bls) "	***************************************	
Type of Reic	asc. I loude	bbls total fluid PW (21				obls)								
Source of Release: Man Way cover on Heater Treater											Date and Hour of Discovery 11-17-14 9:30 am			
Was Immediate Notice Given?							If YES, To Whom?							
∑ Yes ☐ No ☐ Not Required •							Duncan Whitlock							
By Whom? Zack Thomas							Date and Hour 11-17-14 3:45 pm							
Was a Watercourse Reached? ☐ Yes ☒ No							If YES, Volume Impacting the Watercourse.							
If a Watercourse was Impacted, Describe Fully.*														
n a waterco	urse was iiii	pacted, Descr	ioe runy.						•					
Describe Cause of Problem and Remedial Action Taken.*														
Equipment failure- man way gasket on heater treater failed. Pumping unit was turned off and well was shut in to stop the release.														
Equipment i	allure- man	way gasket of	neater tr	eater laned. Pump	omg unn	, was turned t	on and wen was s	iiut iii t	o stop me r	cicasc,				
Describe Are	ea Affected	and Cleanup /	Action Tal	ken.*	, , , , , , , , , , , , , , , , , , , ,								•	
Affected are	a- Pad surfa	ce around sep	aration eq	uipment. Also an	estimate	ed 15 ft off th	e pad into the pas	ture to	the south a	nd southwes	t. Ken	more vacuui	m .	
truck was us	ed to recove	er 10 bbls total	fluid. Al	Il contaminated so	il will b	e removed an	d taken to an appi	roved N	IMOCD dis	sposal site. I	?inal re	mediation		
will be cond	ucted in acc	ordance with	he NMO	CD's Guidelines f	or Reme	diation of Sp	ills, Leaks and Re	leases.						
I hereby cert	ify that the	information g	ven above	e is true and comp	lete to th	ne best of my	knowledge and u	ndersta	nd that pur	suant to NM	OCD r	ules and		
regulations a	II operators	are required t	o report a	nd/or file certain r	elease n	otifications a	nd perform correc	tive act	tions for rel	eases which	may e	ndanger		
public health	or the envi	ronment. The	acceptan	ce of a C-141 repo	ort by the	e NMOCD m	arked as "Final R	eport" (does not rei	ieve the ope	rator o: ater hi	Hability man health		
should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD 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.														
							OIL CONSERVATION DIVISION							
Signature: A. Homas														
							Approved by Environmental Specialist:							
Printed Nach	ew/Zack The	mus .				<u></u>	·	······································				,,,,,,,,,		
Title: Enviro	onmental Re	p;				Approval Da	te: 11-18 - /	4	Expiration	Date: ~/	p-15			
E-mail Addr	ess: zthoma	s@mewbourn	e.com	r for the process of the		Conditions o	f Approval			Attached		· ·		
						Relate & notice and on			<i></i>	Attached				
Date: 11-18-14 Phone: 575-602-2188 Attach Additional Sheets If Necessary						per No account and an				ing to a company	osnik 14744			
Auden Aud	monat SHC	C.S 11 1400033	``' J		tril 6-141 by 1-150016									
							PT019 3225 38							
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