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

Form C-141 Revised August 8, 2011

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

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

## **Release Notification and Corrective Action**

|   | OPERATOR                    | Initial Report | Final Report |
|---|-----------------------------|----------------|--------------|
| Name of Company: Plains Pipeline, LP                | Contact: Camille Bryant     |                |              |
| Address: 2530 State Hwy. 214, Denver City, TX 79323 | Telephone No. (575)441-1099 |                |              |
| Facility Name: Lynch South to Jal 16-Inch Sump      | Facility Type: Sump         |                |              |
|   |                             |                |              |

Surface Owner: NM State Land Office Mineral Owner: Lease No.

## LOCATION OF RELEASE

| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| 0           | 32      | 255      | 37E   |               |                  |               |                | Lea    |

Latitude 32.081629° North Longitude 103.181101° West

## NATURE OF RELEASE

| Type of Release Crude Oil   | Volume of Release 15 bbls               | Volume Recovered 12 bbls                   |  |  |  |
|---|---|--|--|--|--|
| Source of Release Sump  | Date and Hour of Occurrence             | Date and Hour of Discovery                 |  |  |  |
|   | 03/06/2014 @ 11:40                      | 03/06/2014 @ 11:50                         |  |  |  |
| Was Immediate Notice Given?   | If YES, To Whom?                        |  |  |  |  |
| Yes 🗋 No 🗌 Not Required   | Verbal notification to Geoff Leking     |  |  |  |  |
| By Whom? Camille Bryant   | Date and Hour 03/06/2014 @ 14:00        |  |  |  |  |
| Was a Watercourse Reached?  | If YES, Volume Impacting the Wat        | ercourse.                                  |  |  |  |
| 🗌 Yes 🖾 No  |   |  |  |  |  |
| If a Watercourse was Impacted, Describe Fully.*   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Describe Cause of Problem and Remedial Action Taken.* Equipment fail  | ure caused a sump to overfill, resultin | g in a release of crude oil. Equipment was |  |  |  |
| replaced, and a vacuum truck was utilized to recover free-standing liquid.  |   |  |  |  |  |
| Describe Area Affected and Cleanup Action Taken.* The released crud   | de oil impacted an area measuring a     | pproximately 1,100 square feet around the  |  |  |  |
| sump. The impacted area was remediated per NMOCD recommended gu   |   |  |  |  |  |
| were analyzed by an NMOCD-approved laboratory, and concentrations o   |   |  |  |  |  |
| action levels established for the site by the NMOCD. Please reference   | ce the attached Remediation Summa       | ary & Site Closure Request for complete    |  |  |  |
| remediation details.  |   |  |  |  |  |
|   |   |  |  |  |  |
| I hereby certify that the information given above is true and complete to the   |   |  |  |  |  |
| regulations all operators are required to report and/or file certain release no public health or the environment. The acceptance of a C-141 report by the |   |  |  |  |  |
| should their operations have failed to adequately investigate and remediate   |   |  |  |  |  |
| or the environment. In addition, NMOCD acceptance of a C-141 report do  |   |  |  |  |  |
| federal, state, or local laws and/or regulations.   |   |  |  |  |  |
| OIL CONSERVATION DIVISION   |   |  |  |  |  |
|   |   |  |  |  |  |
| Signature amille the  |   |  |  |  |  |
| $\Psi$  | Approved by Environmental Specialist:   |  |  |  |  |
| Printed Name: Camille Bryant  |   |  |  |  |  |
| Title, Demodiation Coordinator  | Approval Date: 12-15-14                 | Expiration Date:                           |  |  |  |
| Title: Remediation Coordinator  | Approval Date: 12-15-14                 |  |  |  |  |
| E-mail Address: cjbryant@paalp.com  | Conditions of Approval:                 |  |  |  |  |
|   | conditions of reproval.                 | Attached                                   |  |  |  |
| Date: D12114 Phone: (575)441-1099   |   | IRP-3457                                   |  |  |  |
| * Attach Additional Sheets If Necessary   |   | 17-805                                     |  |  |  |

\* Attach Additional Sheets If Necessary

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