Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

FAB143	58304	121	Rele	ase Notific		and Co	·	ction			<u>.</u>	
1AB151	0442	44.3				OPERA			🛛 Initia	al Report		Final Repor
						Contact CAMPBELL, RODNEY						I
						Telephone No. (575) 628-4167						
Facility Name INDIAN BASIN GAS PLANT						Facility Type GAS PROCESSING FACILITY						
Surface Owner Mineral Owner I						INDIAN BASIN Lease No.						
						N OF REI	LEASE					
Unit Letter G	23 21-S 23-E								West Line County Eddy			
	<u> </u>		اI	<i>33.</i> _atitude <u>32°27'</u>	<i>464</i> 52.502	5839 <u>''</u> Longitud	<i>104,5</i> e <u>104°34'28.00</u>	7444 <u>4''</u>	6			
				NAT	URE	OF REL	EASE					
Type of Release Gas										lecovered 0		
Source of Release						1 1			Date and Hour of Discovery 2/8/2014 4:00:00 AM			
Residue Flare Was Immediate Notice Given?						2/8/2014 4:00:00 AM 2/8/2014 4 If YES, To Whom?				+.00.00 AI	1	
			Yes 🗌	No 🖾 Not Re	equired	N/A						
By Whom? N/A						Date and Hour N/A						
Was a Watercourse Reached?					If YES, Volume Impacting the Watercourse. N/A				RECEIVED			
If a Watercourse was Impacted, Describe Fully.*						-				FE	B 1 2	2014
N/A										1		RTESIA
									_			
Cause: OXY INDIA Remedial Ac OPERATION	N BASIN (tion Taken: VS CHECK	ED INLET A	FLARED I	RESIDUE SALE S METER WITH							CE OF	OXYGEN.
Describe Are N/A	a Affected a	and Cleanup A	Action Tak	en.*								
regulations al public health should their of or the environ	l operators or the envir operations h nment. In a	are required to ronment. The ave failed to a	o report an acceptanc dequately CD accep	is true and comp d/or file certain r e of a C-141 repo investigate and r tance of a C-141	elease no ort by the emediate	otifications as NMOCD m e contaminati	nd perform correct arked as "Final R on that pose a thr	ctive actio Report" do reat to gro	ns for rele es not reli und water	eases which eve the ope , surface w	may er rator of ater, hu	ndanger Tliability man health
Signature: D						OIL CONSERVATION DIVISION						
						A.I.						
Printed Name: RODNEY CAMPBELL						Approved by District Super By. Phila Dramadis						
Title: HES Specialisz						Approval Dat	e: 41415	5 _E ,	piration	Date: N	A	
E-mail Address: RODNEY_CAMPBELL@OXY.COM						Conditions of	Approval:	/		Attached		
Date: 2-/0 Attach Addit	•Joly	ets If Necess	Phone:	(575) 628-4167			F[]	NAL				
THACH AUG		4B151041 1B151041	13144 43137	, *						l	LRP-	295D