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State of New Mexico Energy Minerals and Natural Resources

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.

District IV 1220 S. St. Fran	cis Dr., Santa	i Fe, NM 87505	i			st. France, NM 875						
			Rel	ease Notific	ation	and Co	orrective A	ction				
Name of Co Address	ompany 210 Park	36975 RKI E&P, L Ave. – Ste. Brushy Dra	LC 700, OK	а4/ла8 с, ок 73102			Tor Taylor Jones No. 405-996-5 e : Oil and Gas	782	Initi	al Report		Final Report
			IW 33-71							20.015	2220	
Surface Ow	ner: rede	rai		Mineral C					APINC	<u>b. 30-015-4</u>	2220	·]
Unit Letter	Section	Township	Range	LOCA Feet from the		N OF RE	LEASE Feet from the	East/Wo	ost Line	County		
A	35	25S	29E	300	FNL	South Line	260	FEL	est Line	Eddy		
		233	29E	·····	· · · · · · · · · · · · · · · · · · ·							
						OF REL	e: -103.9468205 E ASE)				
Type of Rele	ase. Produc	ced Water					Release: 70 Bbl	s		e Recovered		
Source of Re	lease Suct	ion screen pot	on Jet pu	mp			lour of Occurrenc 1015hrs MT	ce	+	nd Hour of I 15 – 1015hrs	•	y
Was Immedi	ate Notice (Given?					Whom? Heather	Pattersor		12 - 101201		
			Yes [No 🗌 Not R	equired					<u>_</u>		
By Whom? Was a Water						Date and Hour: 06/24/15 – 1330hrs CT If YES, Volume Impacting the Watercourse.						
was a water	course Read		Yes 🛛	No		N/A	nume impacting	the water	course.			
If a Watercon	irse was Im	pacted, Descr	ibe Fully.	* N/A			<u></u>					
A bolt broke Describe Are Fluid was sta	on the suction a Affected and ing around	and Cleanup A	of the jet Action Ta pp skid an	pump. Isolated th	on tanks	. Some fluid	did run off of loc	cation. Ve	acuum tru	ick was disp	atched to) recover
regulations a public health should their or the enviro	Il operators or the envi operations h nment. In a	are required t ronment. The nave failed to a	o report a acceptan adequatel)CD acce	e is true and comp nd/or file certain 1 ce of a C-141 rep y investigate and 1 ptance of a C-141	elease nort by the emediate	otifications a e NMOCD m e contaminat	nd perform correct arked as "Final R ion that pose a the re the operator of	ctive actio Report" do reat to gro responsib	ns for rel es not rel und wate ility for c	leases which lieve the ope r, surface was compliance v	may end rator of l ater, hum vith any	langer liability nan health
-	T .	a					<u>OIL CON</u>	<u>SERV</u>	<u>ation</u>	DIVISIO	247	
Signature:	1 ayer	- Jone	E			Approved by	Environmental S	Specialist:	IL		1	
Printed Nam	e: Taylor Jo	ones						·	t7 0	- <u>y/</u> C	r	\sim
Title: EHS S	ystems Spe	cialist				Approval Da	te: 430	15 е	xpiration	Date: N	A-	
E-mail Addr	ess: Tjones	@rkixp.com				Conditions o			_	Attachec		
Date: 06/24				: 405-996-5782			tion per O.C. REMEDIATIC					
* Attach Addi	tional She	ets If Necess	ary		٢	LATER T	MAN: 811 ONSERVAT	115			2.RP	-3080

JUN 2 4 2015	JUN	2.4	2015
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RECEIVED

Patterson, Heather, EMNRD

From: Sent: To: Cc: Subject: Attachments:

Wednesday, June 24, 2015 3:58 PM 'Heather.Patterson@state.nm.us' shughes@blm.gov RKI E&P Spill Notification and C-141 NM_NBD35-9H_InitialC141(062315)-signed.pdf

Taylor Jones <TJones@rkixp.com>

Heather,

Attached please find completed OCD form C-141 for a spill occurring at the RKI operated North Brushy Draw 35-9H in Eddy County, NM. Please feel free to contact myself or a local RKI representative with any questions.

Thank you,

Taylor Jones **RKI Exploration & Production, LLC** 210 Park Avenue, Suite 700 Oklahoma City, OK 73102

405-996-5782 (o) | 405.326.0791 (m) <u>TJones@RKIXP.com</u>

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	ENVIRONWENTAL	RELEASE NOTIFICATION	
Date: 6/24/15-	Cal	-In Sheet	7
Date: <u><i>Q</i></u> <u><i>Q</i><u></u><u><i>Q</i></u><u><i>Q</i><u></u><u><i>Q</i></u><u><i>Q</i></u><u><i>Q</i></u><u><i>Q</i></u></u></u>	<u>_</u>	Notice received by:	
PVI		Malle R ID - 3.	5-54
Name of Company/Phone	· #	North Broch Druw 3: Facility Name	
, , , , , , , , , , , , , , , , , , ,			
API #	, Sec. Townshi	p Range Date of Occurrence	
4/23/15 10:1	Sam Ph	70661 406 Volume of Release Volume Re	06/
			covered
Briefly Describe Cause of I	Problem and action taken:	Some ment off	Pad
	• ••• -		
	······································		
Notice given by: Name/	Company	Date/Hour Immediate Notice given	
	ata C 111 vanainadi		
		**********	*****
	******* FLARE N		*****
*******	FLARE N Cal	••••••••••••••••••••••••••••••••••••••	
**************************************	FLARE N Cal	IOTIFICATION I-In Sheet	
Date: Name of Company/Phone Date of Occurrence	FLARE N Cal	IOTIFICATION I-In Sheet Notice received by:	
Name of Company/Phone	FLARE N Cal	IOTIFICATION I-In Sheet Notice received by:	
Date: Name of Company/Phone Date of Occurrence	FLARE N Cal	IOTIFICATION I-In Sheet Notice received by:	
Name of Company/Phone Date of Occurrence Flared MCF Volume Briefly Describe Cause of I	FLARE N Cal	IOTIFICATION I-In Sheet Notice received by: Facility Name Type of Release	
Name of Company/Phone Date of Occurrence Flared MCF Volume Briefly Describe Cause of I	FLARE N Cal	OTIFICATION -In Sheet Notice received by: Facility Name Type of Release	