Name of Company Image Image Image Image Cont Address P.O. Box 10340 Midland Tx 79702 Teley Facility Name Livingston Ridge 1941 Facility Facility Surface Owner BLM Mineral Owner B LOCATION O Unit Letter Section Township Range Feet from the North/South D 19 22.5 32.6 660 N L Latitude Latitude Latitude Latitude Latitude Latitude Was Immediate Notice Given? Yes No Not Required If By Whom? Parkick Eilits Da	on Division Francis Dr M 87505 nd Correct ERATOR ERATOR Internet Correct ERATOR Internet Correct Internet Cor	the Action E//is E//is E//is E//is E//is E//is E//is B//is	Initi S - 8/00 Lease I t/West Line L t/West Line	Submit 2 Co District C wit	ised October 10, 2003 opies to appropriate office in accordance h Rule 116 on back side of form Final Report 90587 90587 SBBLS overy //: 45 AM 10-11-06
1220 South St. Santa Fe, NM 87505 Release Notification ar OP Name of Company Toge Producing Co. Cont Address P.O. Box 10340 Midland, Tx 79702 Release Notification ar OP Name of Company Toge Producing Co. Cont Address P.O. Box 10340 Midland, Tx 79702 Release Notification ar OP Mame Livingston Ridge 19#1 Facility Name Livingston Ridge 19#1 Surface Owner BLM Mineral Owner B LOCATION O Unit Letter Section Township Range D 19 Natture Livingston Ridge LOCATION O Unit Letter Section Township Range D 19 Materia Nother Colspan="2">Nother Colspan="2" No	M 87505 A Corre- ERATOR A Corre- ERATOR A Corre- ERATOR A Corre- PERATOR A Corre- PERATOR A Corre- A Corre- PERATOR A Corre- A Core	ctive Action E///is E///is E///is E//is E//is E//is B/R y SE from the Eas B/R y E B/R y E B/R y E E E E E E E E	Initi S - 8/00 Lease I Lease I West Line L Date and Date and Dice MA 10 - 12 - 0 Vatercourse.	ial Report No. NM-	h Rule 116 on back side of form Final Report 90587 2587 500 BBLS povery 11:45 AM
OP Name of Company Oge Producing Ce. Cont Address P.O. Box 103 40 Midland, Tx 79702 Tele Facility Name Livingston Ridge 19 # 1 Facility Surface Owner B L Mineral Owner B Surface Owner B L Mineral Owner B LOCATION O Unit Letter Section Township Range Feet from the North/South D 19 22.5 32.6 660 N L Latitude Latitude Loc NATURE OF Type of Release Oil + Water Da Was Immediate Notice Given? If Yes No Was a Watercourse Reached? If Source Da If a Watercourse was Impacted, Describe Fully.* Nonc Nonc If	PERATOR fact PAF A phone No. C lity Type C FRELEA h Line Feet G ongitude RELEAS blume of Relea ate and Hour of YES, Volume	E///is (432) 683 8 # R y SE from the Eas 8 30 1 E Ise 90 BBL f Occurrence m? 6 hwson Va 10:00 A M	Initi S - 8/00 Lease 1 Lease 1 West Line Lease 1 Date and Date and Date and 10 - 12 - 0 Vatercourse.	No. NM- County LeA WT Recovered Hour of Disc	90587 250' 75 BBLS rovery 11:45 AM
Name of Company Pogo Prodecing Co. Cont Address P.O. Box 103 40 Midland, Tx 79702 Tele Facility Name Livingston Ridge If # I Facility Surface Owner B L Mineral Owner B Surface Owner B L Mineral Owner B Unit Letter Section Township Range Feet from the North/South D Iq 22.5 32 E 660 N L Latitude Latitude Latitude Latitude Latitude Source of Release Oil + Water Da Da Was Immediate Notice Given? If Yes No Not Required By Whom? ParAlek Ellis Da If Was a Watercourse Reached? If Yes No If a Watercourse was Impacted, Describe Fully.* Nonce Nonce	act Par phone No. C lity Type C C F RELEA F RELEA h Line Feet 3 ongitude RELEAS Dume of Relea ate and Hour of YES, To Whot CARAY JC ate and Hour YES, Volume	E SE from the B C C C C C C C C C C C C C	S - $8/00$ Lease I st/West Line W L S Volume Date and Date and Dice MA 10 - 12 - 0 Vatercourse.	No. NM- County LeA WT Recovered Hour of Disc	90587 250' 75 BBLS rovery 11:45 AM
Address P.O. Box 10.3 40 Midland Tx 79702 Tele Facility Name Livingston Ridge If a Watercourse was Impacted, Describe Fully.* Mineral Owner B Surface Owner B L Mineral Owner B LOCATION O Unit Letter Section Township Range Feet from the North/South D 19 2.2.5 32.6 660 N L Latitude Loc NATURE OF Type of Release 0;/ + WafeA Vo Source of Release TANK Da Was Immediate Notice Given? If If Was a Watercourse Reached? If If	phone No. 2 lity Type 2 L M F RELEA h Line Feet 3 ongitude RELEAS blume of Relea ate and Hour of YES, To Whon ARAY Ja ate and Hour YES, Volume	SE from the B From the E Ise 90 B Coccurrence m? Shusson Value Image: Second Seco	Lease 1 st/West Line W $LVolume 1Date andDice$ $MA10 - 12 - 07Tatercourse.$	No. NM-	¥ 250' 75 BBLS povery 11:45 AM
Facility Name Living Stow Kidge Y = / Facility Name	Lity Type LM F RELEA h Line Feet 3 ongitude RELEAS olume of Relea ate and Hour of YES, To Whon LARAY JA ate and Hour YES, Volume	SE from the Eas 30 E E Se 90 BBL f Occurrence m? bhwson Va 10:00 AM	Lease 1 st/West Line W $LVolume 1Date andDice$ $MA10 - 12 - 07Tatercourse.$	No. NM-	¥ 250' 75 BBLS povery 11:45 AM
Surface Owner BLM Mineral Owner B LOCATION O Unit Letter Section Township Range Feet from the North/South D 19 22.5 32.6 660 N L Latitude Latitude Latitude Latitude Latitude Type of Release 0;/ + Wafex Vo Vo Source of Release 7ANK Da Da Was Immediate Notice Given? If Yes No Not Required By Whom? Parkiek Ellis Da Da If Mas a Watercourse Reached? If Yes No If If a Watercourse was Impacted, Describe Fully.* Nowe Nowe Nowe	L M F RELEA h Line Feet 3 ongitude RELEAS blume of Relea ate and Hour of YES, To Whon ARAY J ate and Hour YES, Volume	SE from the Eas 30 E se 90 BBL f Occurrence m? bhwson VC	t/West Line V L V Uolume 1 Date and Date and 0 - 12 - 0 vatercourse.	County LeA WT Recovered Hour of Disc	¥ 250' 75 BBLS povery 11:45 AM
LOCATION O Unit Letter Section Township Range Feet from the North/South D /9 22.5 32.6 660 N L Latitude Latitude Latitude Latitude Type of Release 0;// + Wafer Voc Source of Release 7.4 Vafer Da Was Immediate Notice Given? If If Da By Whom? Paralick Ellis Da Was a Watercourse Reached? If Yes No If a Watercourse was Impacted, Describe Fully.* No If No	F RELEA h Line Feet J ongitude RELEAS olume of Relea ate and Hour of YES, To Whon ARAY Ja ate and Hour YES, Volume	from the Eas B 3 0 1 E Ise 9 0 BBL f Occurrence m? bhwson Va 10:00 A M	t/West Line V L V Uolume 1 Date and Date and 0 - 12 - 0 vatercourse.	County LeA WT Recovered Hour of Disc	¥ 250' 75 BBLS povery 11:45 AM
Unit Letter Section Township Range Feet from the North/South D /9 22.5 32.E 660 N L Latitude Latitude Latitude Latitude Latitude Type of Release 0;// + Wafes Voc Source of Release 7ank Da Was Immediate Notice Given? If Da Was a Watercourse Reached? Yes No Not Required If a Watercourse was Impacted, Describe Fully.* No If If Monce Describe Course of Brechlam and Bernedial Action Telese the Describe Course of Brechlam and Bernedial Action Telese the	h Line Feet and Feet F	from the Eas B 3 0 1 E Ise 9 0 BBL f Occurrence m? bhwson Va 10:00 A M	W L S Volume 1 Date and Date and Dice MA 10 - 12 - 0 vatercourse.	Recovered j	TS BBLS
Latitude Latitude NATURE OF Type of Release Oil + Water Source of Release Tank Was Immediate Notice Given? If Yes No Not Required If By Whom? Paralek Ellis Was a Watercourse Reached? If If a Watercourse was Impacted, Describe Fully.* No Nowe Nowe	RELEAS Dume of Releate and Hour of YES, To Whom ARAY Ja ate and Hour YES, Volume	E ise 90 BBL f Occurrence m? bhwson Va /0:00 AM	$\begin{array}{c c} & Volume \\ \hline Date and \\ \hline Dice MA \\ \hline 0 - 12 - 0 \\ \hline a tercourse. \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \hline \\ \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \hline \\ \hline \hline \hline \hline \hline \\ \hline \\ \hline \hline$	Recovered in the second	TS BBLS
Latitude Latitude NATURE OF Type of Release Oil + Water Source of Release Tank Da Was Immediate Notice Given? If If Was Immediate Notice Given? If Da By Whom? Paralek Ellis Da Was a Watercourse Reached? If If If a Watercourse was Impacted, Describe Fully.* No If Nowe Paralek Ellis Da	RELEAS olume of Relea ate and Hour of YES, To Whon ARAY Ja ate and Hour YES, Volume	ise 90 BBL fOccurrence m? bhwson VC 10:00 AM	Date and Dice MA 10 - 12 - 0 vatercourse. $\frac{L_0}{2}$	Recovered in the second	TS BBLS
NATURE OF Type of Release 0;/ + WAter Vo Source of Release TANK Da Was Immediate Notice Given? If If Was Immediate Notice Given? If If By Whom? Paralek Ellis Da Was a Watercourse Reached? If If If a Watercourse was Impacted, Describe Fully.* No If	RELEAS olume of Relea ate and Hour of YES, To Whon ARAY Ja ate and Hour YES, Volume	ise 90 BBL fOccurrence m? bhwson VC 10:00 AM	Date and Dice MA 10 - 12 - 0 vatercourse. $\frac{L_0}{2}$	Recovered Hour of Disc	TS BBLS
Type of Release Oil + WATER Voc Source of Release TANK Da Was Immediate Notice Given? If If Was Immediate Notice Given? If Da By Whom? ParAlek Ellis Da Was a Watercourse Reached? If If If a Watercourse was Impacted, Describe Fully.* No If	blume of Relea ate and Hour of YES, To Whon ARRY Ja ate and Hour YES, Volume	ise 90 BBL fOccurrence m? bhwson VC 10:00 AM	Date and Dice MA 10 - 12 - 0 Vatercourse. $\binom{L_0}{7}$	Hour of Disc	overy 11:45 AM
Source of Release TANK Da Was Immediate Notice Given? If Was Immediate Notice Given? If By Whom? ParRick Ellis Da Was a Watercourse Reached? If If a Watercourse was Impacted, Describe Fully.* No Nonce If	ARRY Ja YES, To Whon ARRY Ja Ate and Hour YES, Volume	f Occurrence m? bhwson VC 10:00 AM	Date and Dice MA 10 - 12 - 0 Vatercourse. $\binom{L_0}{7}$	Hour of Disc	overy 11:45 AM
Yes No Not Required Image: Constraint of the second	ARRY Jate and Hour YES, Volume	ohnson Vi 10:00 AM	$\frac{10-12-0}{\text{(atercourse.})}$		10-11-06
Was a Watercourse Reached? Yes No If a Watercourse was Impacted, Describe Fully.* NoNC	YES, Volume		atercourse.		
Yes No If a Watercourse was Impacted, Describe Fully.* None	· · · · · ·	Impacting the w	(A 4 10	(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	
None	· · · · · · · · · · · · · · · · · · ·		0		/
None			0	Coirog	14. 14
Describe Cause of Problem and Remedial Action Taken.* Contract roustabout crew repaired Cona Switch back to operating mode. Tak	·			*	N
Describe Area Affected and Cleanup Action Taken.*All fluids we free fluids were removed by VACUUM true Contacted to evaluate + remediate spill	CRE Cont	hined w	vith in	the fit	e walls.
I hereby certify that the information given above is true and complete to the be regulations all operators are required to report and/or file certain release notific public health or the environment. The acceptance of a C-141 report by the NN should their operations have failed to adequately investigate and remediate com or the environment. In addition, NMOCD acceptance of a C-141 report does n federal, state, or local laws and/or regulations.	st of my know cations and per fOCD marked ntamination that	ledge and unders form corrective a as "Final Report at pose a threat to	stand that pur actions for re t" does not re ground wate	rsuant to NMC cleases which clieve the oper er, surface wa	DCD rules and may endanger ator of liability ter, human health
Signature: Patrick Z. Ellis		IL CONSER		<u>I DIVISIO</u>	<u>N</u>
Printed Name: PATRICK L. Ellis Appr	roved by Distri	ict Supervisor	NGR Jol	_5-	
	roval Date: (0.17.06	Expiration	Date: L-	17.017
	litions of Appr	roval:		Attached	
Date: 10-13-06 Phone: 685-8148 Hu Attach Additional Sheets If Necessary 20	GALANDER	- DELINEAT	(0))		
Attach Additional Sheets If Necessary	PORT TO				