

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

MAR 13 2009

HOBBSOCD

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised October 10, 2003

Submit 2 Copies to appropriate
District Office in accordance
with Rule 116 on back
side of form

Release Notification and Corrective Action

OPERATOR

Initial Report XX Final Report

Name of Company	Oxy USA WTP	Contact	Dusty Wilson
Address	1017 W. Stanolind Rd	Telephone No.	(575) 397-8247
Facility Name	MLMU # 253	Facility Type	Well Site
Surface Owner	Kelly Meyers	Mineral Owner	Oxy
		Lease No.	

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
K	29	23S	37E					Lea

Latitude _____ Longitude _____

NATURE OF RELEASE

Type of Release	Produce Water	Volume of Release	10 bbls	Volume Recovered	9 bbls
Source of Release	Flow Line	Date and Hour of Occurrence	1/31/2009	Date and Hour of Discovery	1/31/09
Was Immediate Notice Given?	X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				
By Whom?	Dusty Wilson	If YES, To Whom?	Buddy Hill		
Was a Watercourse Reached?	<input type="checkbox"/> Yes X No				
	Date and Hour 2/2/09 1500hrs				
	If YES, Volume Impacting the Watercourse. n/a				

If a Watercourse was Impacted, Describe Fully.*

N/A

WATER @ 105'

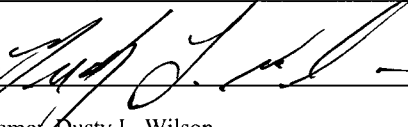
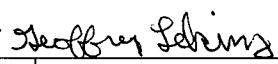
Describe Cause of Problem and Remedial Action Taken.*

Flow line separated due to freezing, Vac truck used to pick up free standing fluids. Refer to Closure Plan for Remediation, and Closure.

Describe Area Affected and Cleanup Action Taken.*

Remediated to NMOCD Requirements.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability 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.

Signature: 	OIL CONSERVATION DIVISION		
Printed Name: Dusty L. Wilson	Approved by District Supervisor: 		
Title: HES Specialist	Approval Date: 03/17/09	Expiration Date: —	
E-mail Address: dusty_wilson@oxy.com	Conditions of Approval:		Attached <input type="checkbox"/>
Date: 3/10/09	Phone: (575) 397-8210	IRP-09-02-2103	

- Attach Additional Sheets If Necessary



OXY USA WTP LP

4008 N. Grimes PMB#269
Hobbs, NM 88240
575-397-8210 Office
575-397-8204

RECEIVED

MAR 13 2009

HOBBSOCD

3/6/2009

NMOCD
1625 N. FRENCH DRIVE
HOBBS NM 88240

RE: FINAL REPORT/ REPORTABLE SPILL 01/31/09
MLMU # 253

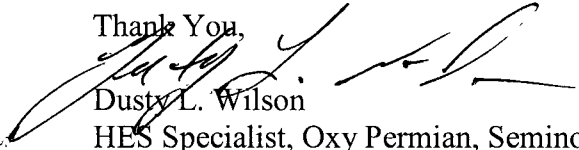
To Whom It May Concern:

This spill occurred on 01/31/2009 and was reported to the NMOCD via telephone the next day. Oxy reported a loss of 10 bbls of Produce Water. 9 bbls were recovered by vac truck the day of the release. The original C-141 form was hand delivered to the NMOCD 02/09/2009. The affected spill area was contained within the above listed well location site, and affected a 30' X 30' area at the surface level. A visual inspection of the site showed that all of the surface fluids were recovered via vac truck at the time of the spill. Soil samples were obtained from the spill site area, and confirmed there was no soil saturation. A backhoe, was used to scrape the surface and backdrag the area for cosmetic reasons, and remediation completed.

This letter is to inform the NMOCD that all remediation for this spill was completed to NMOCD standards, and to close this spill site. A copy of the Analytical Report, the original C-141, and a site diagram are included with this letter. If any further information is needed please feel free to contact Dusty Wilson, HES Specialist, Oxy Permian, at (575) 441-7189.

A copy of the original C-141, Analytical results, and a site diagram are being sent with this letter. Thank you for your attention on this matter.

Thank You,


Dusty L. Wilson

HES Specialist, Oxy Permian, Seminole RMT
(575) 441-7189

New Mexico Office of the State Engineer
POD Reports and Downloads

Township: Range: Sections:

NAD27 X: Y: Zone: ☐ Search Radius:

County: ☐ Basin: ☐ Number: Suffix:

Owner Name: (First) (Last) ☐ Non-Domestic ☐ Domestic ☒ All

POD / Surface Data Report

Avg Depth to Water Report

Water Column Report

Clear Form

iWATERS Menu

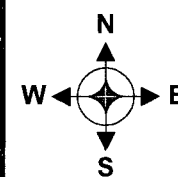
Help

AVERAGE DEPTH OF WATER REPORT 03/10/2009

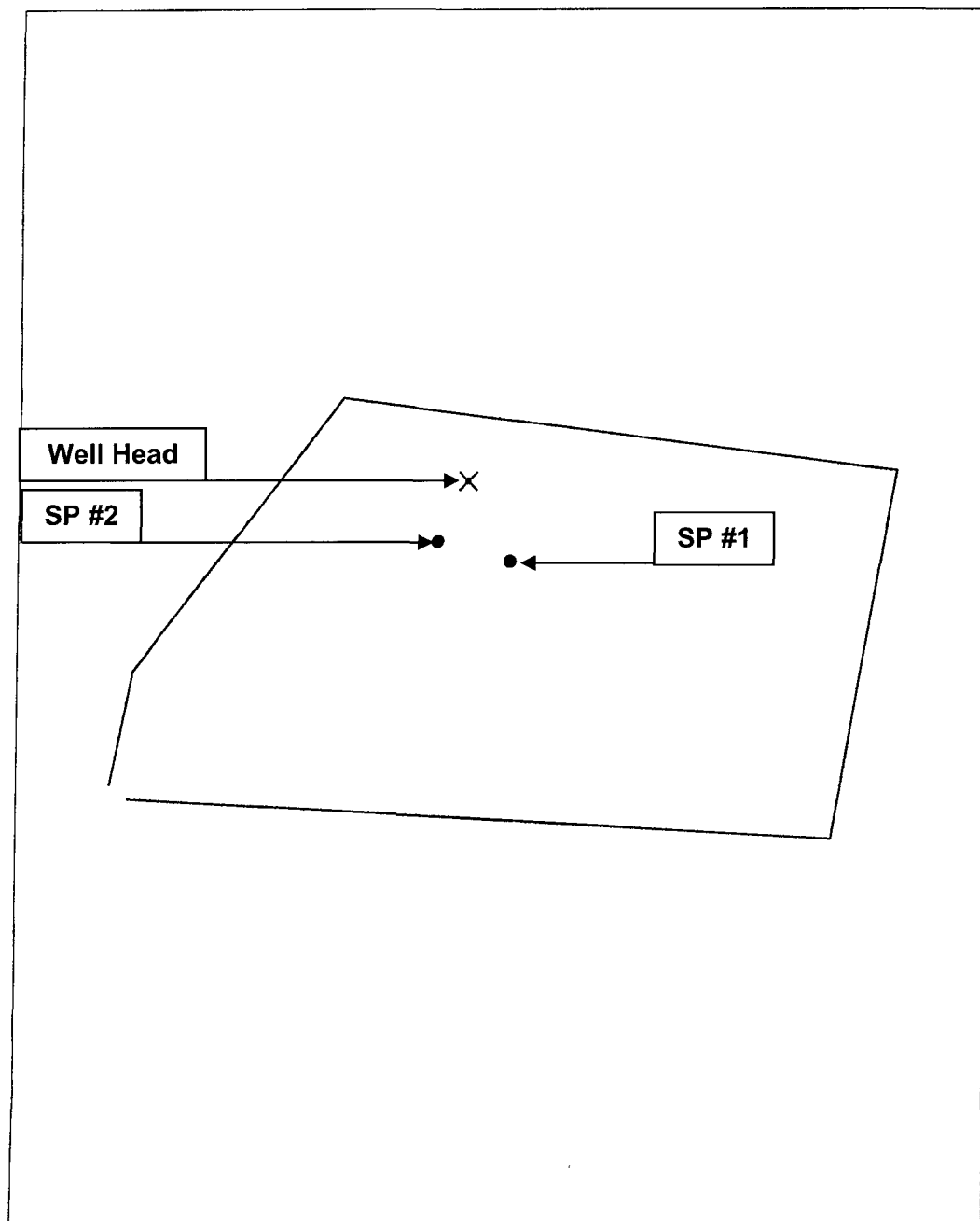
Bsn	Tws	Rng	Sec	Zone	X	Y	Wells	(Depth Water in Feet)		
								Min	Max	Avg
CP	23S	37E	09				1	100	100	100
CP	23S	37E	16				1	115	115	115
CP	23S	37E	32				1	106	106	106

Record Count: 3

OXY MLMU #253



Well
#2 #1



MLMU #253

Lat/Long
WGS 1984



Scale 1:750
0 0.018
Miles

A graphic scale bar with a black and white checkerboard pattern. It is labeled with "0" at the left end and "0.018" at the right end, with the word "Miles" centered below it.

OXY-09-011.cor
3/5/2009

GPS Pathfinder[®] Office
 Trimble.



ATTN: BOB ALLEN
703 E. CLINTON, #102
HOBBS, NM 88240
FAX TO: (575) 393-4388

Analysis Date: 03/04/09
Sampling Date: 03/04/09
Sample Type: SOIL
Sample Condition: COOL & INTACT
Sample Received By: CK
Analyzed By: HM

[illegible]

Note: Analyses performed on 1:4 w:v aqueous extracts.

Date 03/04/09

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise. Remedy shall be limited to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.



CARDINAL LABORATORIES, INC.

2111 Beechwood, Abilene, TX 79603 101 East Marland, Hobbs, NM 88240
(915) 673-7001 Fax (915) 673-7020 (505) 393-2326 Fax (505) 393-2476

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Page 1 of 1

Company Name: SAFETY & ENVIRONMENTAL SOLUTIONS		BILL TO		ANALYSIS REQUEST									
Project Manager:		P.O. #:		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Chlorides</div>									
Address: 703 E. CLINTON, #102		Company: SAME											
City: HOBBS State: NM Zip: 88240		Attn:											
Phone #: (505) 397-0510 Fax #: (505) 393-4388		Address:											
Project #: Oxy-07-011 Project Owner: Oxy		City:											
Project Name: MLMV #253		State: Zip:											
Project Location: Lea Co, NM		Phone #:											
Sampler Name: Isaac Kneard		Fax #:											
FOR LAB USE ONLY	Lab I.D.	Sample I.D.	(GRAB OR COMP.)	# CONTAINERS	MATRIX	PRESERV.	SAMPLING						
			GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER:	ACID/BASE:	ICE/COOL	OTHER:	DATE	TIME
	H17008-	1 Sp#1 Surface	1	1								3/4/09	1140
		2 Sp#2 Surface	1	1								3/4/09	1155

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Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice, and all costs of collections, including attorney's fees.

Sampler Relinquished:	Date: 3/4/09 Time: 1500	Received By:	Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relinquished By:	Date: 3/4/09 Time: 15:00	Received By: (Lab Staff)	Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivered By: (Circle One)	Sample Condition Temp: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Checked By: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS:
Sampler - UPS - Bus - Other:			

† Cardinal cannot accept verbal changes. Please fax written changes to (915) 673-7020.