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

## State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised August 8, 2011 Submit 1 Copy to appropriate District Office in

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.

| 50000000000000000000000000000000000000                                                                                                                                                                                                                                                                        | Santa Fe, NM 87505 |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
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| Release Notification and Corrective Action                                                                                                                                                                                                                                                                    |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
|                                                                                                                                                                                                                                                                                                               |                    |                |               |                      |          | <b>OPERA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOR                       | ☐ Init               | ☐ Initial Report ☐ Final Repor |        |        |  |
| Name of Company Oxy Permian Ltd.                                                                                                                                                                                                                                                                              |                    |                |               |                      |          | Contact Christopher Jones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                      |                                |        |        |  |
| Address 1502 W. Commerce Dr., Carlsbad, NM                                                                                                                                                                                                                                                                    |                    |                |               |                      |          | Telephone No. (575) 628-4121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                      |                                |        |        |  |
| Facility Name CE Lamunyon #41 CTB                                                                                                                                                                                                                                                                             |                    |                |               |                      |          | Facility Type Battery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                      |                                |        |        |  |
| Surface Owner George Weir Mineral Owner                                                                                                                                                                                                                                                                       |                    |                |               |                      |          | API No. 30-025-22609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                      |                                |        |        |  |
| LOCATION OF RELEASE                                                                                                                                                                                                                                                                                           |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Unit Letter                                                                                                                                                                                                                                                                                                   | Section            | Township       | Range         | Feet from the        |          | /South Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Feet from the             | East/West Line       | County                         |        |        |  |
| О                                                                                                                                                                                                                                                                                                             | 21                 | 23S            | 37E           |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      | Lea County, NM                 |        |        |  |
| <b>Latitude</b> N 32.28411° <b>Longitude</b> W 103.16349°                                                                                                                                                                                                                                                     |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| NATURE OF RELEASE                                                                                                                                                                                                                                                                                             |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Type of Release Produced water Volume of Release 10 bbls Volume Recovered 0 bbls                                                                                                                                                                                                                              |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Source of Release Pump failure caused the tanks to spill over                                                                                                                                                                                                                                                 |                    |                |               |                      |          | Date and Hour of Occurrence O4/29/2014  Date and Hour of Discovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                      |                                |        |        |  |
| Was Immediate Notice Given?   ☐ Yes ☐ No ☐ Not Require                                                                                                                                                                                                                                                        |                    |                |               |                      |          | If YES, To Whom? d Geoffrey Leking, NMOCD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                      |                                |        |        |  |
| By Whom? Kathy Purvis, BBC International                                                                                                                                                                                                                                                                      |                    |                |               |                      |          | and the second s |                           |                      |                                |        |        |  |
| Was a Watercourse Reached?                                                                                                                                                                                                                                                                                    |                    |                |               |                      |          | Date and Hour 04/29/2014 @ 1:08 pm  If YES, Volume Impacting the Watercourse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                      |                                |        |        |  |
| ☐ Yes ⊠ No                                                                                                                                                                                                                                                                                                    |                    |                |               |                      |          | and the state of t |                           |                      |                                |        |        |  |
| If a Watercou                                                                                                                                                                                                                                                                                                 | rse was Imp        | oacted, Descri | be Fully.*    | 5-6-07               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| RECEIVED                                                                                                                                                                                                                                                                                                      |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| By OCD; Dr. Oberding at 11:41 am, Apr 24, 2015                                                                                                                                                                                                                                                                |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Describe Cause of Problem and Remedial Action Taken.*                                                                                                                                                                                                                                                         |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Pump failure caused the tanks to spill 10 bbls of produced water onto the ground. No fluids were recovered and the pump was repaired/reset.                                                                                                                                                                   |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Describe Area Affected and Cleanup Action Taken.*                                                                                                                                                                                                                                                             |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
|                                                                                                                                                                                                                                                                                                               |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| The affected area is approximately 300' x 150' on location. Remediation was completed in accordance with a remediation plan approved by Tomas Oberding of NMOCD via email on 10/15/2014.                                                                                                                      |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| 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 a        | re required to | report and    | d/or file certain re | lease no | otifications an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d perform correct         | ive actions for rele | eases which n                  | av end | langer |  |
| 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.                                                                                                           |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Chris  Digitally signed by Chris Jones DN: cn=Chris Jones, o, ou,                                                                                                                                                                                                                                             |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OIL CONSERVATION DIVISION |                      |                                |        |        |  |
| Signature: J                                                                                                                                                                                                                                                                                                  | ones               | c=US           | ones888@yahoo |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      |                                |        |        |  |
| Date: 2015.04.21 11:27:44-05'00'                                                                                                                                                                                                                                                                              |                    |                |               |                      |          | Hydrologist Approved by Environmental Specialist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |                                |        |        |  |
| Printed Name:                                                                                                                                                                                                                                                                                                 | Christop           | her Jones      |               |                      |          | Approved by Environmental Specialists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                      |                                |        |        |  |
| Title: HES S                                                                                                                                                                                                                                                                                                  | Specialist         |                |               |                      | A        | Approval Date: 04/24/2015 Expiration Date: ///                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                      |                                |        |        |  |
| E-mail Address: Christopher_Jones@oxy.com                                                                                                                                                                                                                                                                     |                    |                |               |                      |          | Conditions of Approval:  Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                      |                                |        |        |  |
|                                                                                                                                                                                                                                                                                                               |                    |                |               |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                      | Attached                       |        | 1      |  |

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1RP-3341

Phone:

(575) 628-4121

<sup>\*</sup> Attach Additional Sheets If Necessary