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

Responsible Party

State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-141 Revised August 24, 2018 Submit to appropriate OCD District office

Incident ID	
District RP	
Facility ID	
Application ID	

Release Notification

Responsible Party

OGRID

Contact Name				Contact Telephone					
Contact email				Incident # (assigned by OCD)					
Contact mailing address									
			Location	of R	elease So	ource			
Latitude			(NAD 83 in de	ecimal de	Longitude _ grees to 5 decin	nal places)			
Site Name					Site Type				
Date Release	Discovered				API# (if app	licable)			
Unit Letter	Section	Township	Range		Coun	ity			
Surface Owner: State Federal Tribal Private (Name: Nature and Volume of Release Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)									
Crude Oil		Volume Release				Volume Recovered (bbls)			
Produced	Water	Volume Release	` ′			Volume Recovered (bbls)			
	Is the concentration of dissolved chloride produced water >10,000 mg/l?			chloride	e in the	☐ Yes ☐ No			
Condensa	te	Volume Released (bbls)				Volume Recovered (bbls)			
Natural G	al Gas Volume Released (Mcf)				Volume Recovered (Mcf)				
Other (describe) Volume/Weight Released (provide units)				Volume/Weight Recovered (provide units)					
Cause of Relo	ease								

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Was this a major release as defined by 19.15.29.7(A) NMAC?	If YES, for what reason(s) does the respon	sible party consider this a major release?			
☐ Yes ☐ No					
If YES, was immediate no	otice given to the OCD? By whom? To who	om? When and by what means (phone, email, etc)?			
	Initial Re	sponse			
The responsible	party must undertake the following actions immediately	unless they could create a safety hazard that would result in injury			
The source of the rele	ease has been stopped.				
	as been secured to protect human health and t	he environment.			
Released materials ha	ave been contained via the use of berms or di	kes, absorbent pads, or other containment devices.			
☐ All free liquids and re	ecoverable materials have been removed and	managed appropriately.			
If all the actions described above have <u>not</u> been undertaken, explain why:					
Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.					
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD 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.					
Printed Name·		Title:			
Signature: _ Pau	tan Esparage	Date:			
email:		Telephone:			
OCD Only					
Received by:		Date:			

****** LIQUID SPILLS - VOLUME CALCULATIONS ******									
Location of spill: Dominator 25 P East CTB			Date of Spill:	6-May-202	20				
If the leak/spill is associated with production equipment, i.e wellhead, stuffing box,									
	flowline, tank battery, production vessel, transfer pump, or storage tank place an "X" here:								
				Input [Data:	OIL:	WATER:		
If spill vo	lumes from me	asurement, i.e. metering,	ank volumes, etc	are kno	wn enter the volumes here:	0.0 BBL	0.0 BBL		
If "known"	spill volumes	are given, input data for	the following ".	Area Cal	culations" is optional. Th	e above will override	e the calculated v	olumes.	
	Total Area	Calculations	wet soil			Standing Liquid	I Calculations		
Total Surface Area	width	length	depth	oil (%)	Standing Liquid Area	width	length	liquid depth	oil (%)
Rectangle Area #2	15 ft 0 ft X	15 ft X 0 ft X	2.25 in 0.00 in	100%	Rectangle Area #1	0 ft X 0 ft X	0 ft X		0%
Rectangle Area #2 Rectangle Area #3	0 ft X 0 ft X	0 ft X 0 ft X	0.00 in	0%	Rectangle Area #2 Rectangle Area #3	0 ft X 0 ft X	0 ft X 0 ft X		0% 0%
Rectangle Area #4	0 ft X	0 ft X	0 in	0%	Rectangle Area #4	0 ft X	0 ft X		0%
Rectangle Area #5	0 ft X	0 ft X	0 in	0%	Rectangle Area #5	0 ft X	0 ft X	0 in	0%
Rectangle Area #6	0 ft X	0 ft X	0 in	0%	Rectangle Area #6	0 ft X	0 ft X		0%
Rectangle Area #7	0 ft X	0 ft X	0 in	0%	Rectangle Area #7	0 ft X	0 ft X		0%
Rectangle Area #8	0 ft X	0 ft X	0 in	0%	Rectangle Area #8	0 ft X	0 ft X	0 in	0%
				okay					
		production s	rstem leak - DΔI		DUCTION DATA REQUIRE	n			
Average Daily Production:	Oil 0 BE			MCFD)	SOUTH DATA REQUIRE			1	
/ Worage Daily Freduction	OII DE	SE Water 0	ous (mor b)	Total Hydrocarbon C	ontent in gas: 0%	(percentage)		
Did last, says before the says		V/CC N/A	(-1 !!\/!!\		H2S Content in P	roduced Gas: 0	PPM		
Did leak occur before the sepa	rator?:	YES N/A	(place an "X")						
_					H2S Content in	rank vapors: 0	PPM		
Amount of Free Liquid Recovered:	0 BBL	okay			Percentage of Oil	in Free Liquid Recovered:	(percentage)		
Liquid holding factor *:	0.14 gal per	gal Use the followi	ng when the spill wet	s the grains	s of the soil.	Use the following when th	e liquid completely fills	the pore space of the	soil:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		gallon (gal.) liquid pe			Occurs when the spill soa			
		* Gravelly (cali	che) loam = 0.14 gal.	. liquid per	gal. volume of soil.	* Clay loam = 0.20 gal. liq	luid per gal. volume of	soil.	
			am soil = 0.14 gal liq			* Gravelly (caliche) loam			
		* Clay loam = 0	0.16 gal. liquid per ga	al. volume o	of soil.	* Sandy loam = 0.5 gal. lie	quid per gal. volume of	soil.	
Total Solid/Liquid Volume:	225 sq. ft.	cu. ft.	42 cu. ft.		Total Free Liquid Volume:	sq. ft.	cu. ft.	cu.	ft.
Estimated Volumes	<u>Spilled</u>	1100	OII		Estimated Production	Nolumes Lost	1100	011	
Liquid	in Soil:	<u>H2O</u> 0.0 BBL	<u>OIL</u> 1.1 BBL		Estimated Produ	uction Spilled:	<u>H2O</u> 0.0 BBL	<u>OIL</u> 0.0 BB	L
	Liquid:	0.0 BBL	0.0 BBL		F-40	D			
	Totals:	0.0 BBL	1.1 BBL		Estimated Surface Area:	225 sq. ft.			
Total Liquid Spill	Liquid:	0.0 BBL	1.05 BBL		Surface Area:	.0052 acre			
Recovered Volum	nes				Estimated Weights,	and Volumes			
Estimated oil recovered:	BBL	check - ok	av		Saturated Soil =	4,725 lbs	42 cu. ft.	2 cu.	vde
Estimated water recovered:	BBL	check - ok	*		Total Liquid =	4,725 lbs 1 BBL	44 gallon		yuu.
			•		1,000		J		
Air Emission from flow	line leaks:				Air Emission of Reporti	na Requirements:			
Volume of oil spill:	- BBL				Zimosion or reporti	New Mexico	Texas	;	
Separator gas calculated:	- MCF			ı	HC gas release reportable?		NO NO	-	
Separator gas released:	- MCF				H2S release reportable?		NO		
Gas released from oil:	- lb								
H2S released:	- lb								
Total HC gas released:	- lb								
Total HC gas released:	- MCF								



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Closure

The responsible party must attach information demonstrating they have complied with all applicable closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a comprehensive report (electronic submittals in .pdf format are preferred) including a scaled site map, sampling diagrams, relevant field notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of final sampling, and a narrative of the remedial activities. Refer to 19.15.29.12 NMAC.

Closure Report Attachment Checklist: Each of the following items must be included in the closure report.

☐ A scaled site and sampling diagram as described in 19.15.29.11 NMAC						
Photographs of the remediated site prior to backfill or photos of the liner integrity if applicable (Note: appropriate OCD District office must be notified 2 days prior to liner inspection)						
☐ Laboratory analyses of final sampling (Note: appropriate OD	Laboratory analyses of final sampling (Note: appropriate ODC District office must be notified 2 days prior to final sampling)					
☐ Description of remediation activities						
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD 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. The responsible party acknowledges they must substantially restore, reclaim, and re-vegetate the impacted surface area to the conditions that existed prior to the release or their final land use in accordance with 19.15.29.13 NMAC including notification to the OCD when reclamation and re-vegetation are complete.						
Printed Name:	Title:					
Signature:	Date:					
email:	Telephone:					
OCD Only						
Received by:	Date:					
Closure approval by the OCD does not relieve the responsible party of liability should their operations have failed to adequately investigate and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment nor does not relieve the responsible party of compliance with any other federal, state, or local laws and/or regulations.						
Closure Approved by:	Date:					
Printed Name:	Title:					