

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 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	NRM2033535013
District RP	
Facility ID	
Application ID	

Release Notification

Responsible Party

Responsible Party Marathon Oil Permian LLC	OGRID 372098
Contact Name Melodie Sanjari	Contact Telephone 575-988-8753
Contact email msanjari@marathonoil.com	Incident # (assigned by OCD)
Contact mailing address 4111 S. Tidwell Rd., Carlsbad, NM 8220	

Location of Release Source

Latitude 32.16714699 Longitude -104.069684
(NAD 83 in decimal degrees to 5 decimal places)

Site Name KYLE 34 FEDERAL COM #005H	Site Type Oil & Gas
Date Release Discovered: 11/16/2020	API# (if applicable) 30-015-43295

Unit Letter	Section	Township	Range	County
P	34	24S	28E	Eddy

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)

<input type="checkbox"/> Crude Oil	Volume Released (bbls)	Volume Recovered (bbls)
<input checked="" type="checkbox"/> Produced Water	Volume Released (bbls) 480	Volume Recovered (bbls) 480
	Is the concentration of dissolved chloride in the produced water >10,000 mg/l?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condensate	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Natural Gas	Volume Released (Mcf)	Volume Recovered (Mcf)
<input type="checkbox"/> Other (describe)	Volume/Weight Released (provide units)	Volume/Weight Recovered (provide units)

Cause of Release

Nipple failure off of the separator resulted in the release of approx. 480 bbl. of produced water inside of the lined, secondary containment The well was shut in and the failure isolated for repair and recovery efforts. All standing fluid was able to be accounted for via vac truck. A 48 hour notification will be sent out before a liner inspection.

Incident ID	NRM2033535013
District RP	
Facility ID	
Application ID	

Was this a major release as defined by 19.15.29.7(A) NMAC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES, for what reason(s) does the responsible party consider this a major release? Volume
If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)? Yes, by MOC to OCD District II personnel on 11/16 via email	

Initial Response

The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury

<input checked="" type="checkbox"/> The source of the release has been stopped. <input checked="" type="checkbox"/> The impacted area has been secured to protect human health and the environment. <input checked="" type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices. <input checked="" type="checkbox"/> All free liquids and recoverable 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: <u>Melodie Sanjari</u>	Title: <u>Environmental Professional</u>
Signature: <u>Melodie Sanjari</u>	Date: 11/17/2020
email: <u>msanjari@marathonoil.com</u>	Telephone: <u>575-988-8753</u>
OCD Only	
Received by: <u>Ramona Marcus</u>	Date: <u>11/30/2020</u>

NRM2033535013

MULHOLLAND ENERGY SERVICES Field Ticket v 61558

Date 11/16/20 Co. Man _____
 Truck # 1333 AFE # _____
 Customer Marathon Drilling Rig _____
 Lease/Well # Kyle 34 fed com SH Ticket # 31302 AP# 30-015-43295
SH AP# 30-015-43295

Material Hauled (or work performed)
vac. spill in containment

Lease or System Name Well # RRC #
 From Kyle 34 fed com SH _____
 To NGL _____

Time/Qty	Description	Rate	Total
<u>0.5</u> hrs.		@ _____ per hr.	= _____
<u>0.5</u> bbls/gal.		@ _____ per bbl/gal.	= _____
Start Time: <u>8:30am</u>		Stop Time: <u>10:00am</u>	Total Hours <u>1.5</u>

Driver Name William Pell

I was not injured in an accident in the performance of this work. Employee Signature _____

Stamp & Sign _____

SERVICE ACKNOWLEDGED AND ARTICLES RECEIVED IN GOOD CONDITION UNLESS NOTED.
 CUSTOMER SIGNATURE _____

White-Office Yellow-Customer Pink-Driver

TOTAL AMOUNT DUE WITHIN 30 DAYS OF THE INVOICE DATE.
 Overdue invoices are subject to a late payment charge of 1.5% per month on any unpaid balances.
 Customer shall be responsible for any and all reasonable attorney fees associated with the collection of unpaid balances.

MULHOLLAND ENERGY SERVICES Field Ticket v 61561

Date 11/16/20 Co. Man _____
 Truck # 1333 AFE # _____
 Customer Marathon Drilling Rig _____
 Lease/Well # Kyle 34 fed com SH Ticket # 31302 AP# 30-015-43295
SH ticket 43405

Material Hauled (or work performed)
vac. spill in cont./squeegy cont/cleaning

Lease or System Name Well # RRC #
 From Kyle 34 fed com SH _____
 To NGL _____

Time/Qty	Description	Rate	Total
<u>1.20</u> hrs.		@ _____ per hr.	= _____
<u>1.20</u> bbls/gal.		@ _____ per bbl/gal.	= _____
Start Time: <u>1:00 PM</u>		Stop Time: _____	Total Hours _____

Driver Name William Pell

I was not injured in an accident in the performance of this work. Employee Signature _____

Stamp & Sign _____

SERVICE ACKNOWLEDGED AND ARTICLES RECEIVED IN GOOD CONDITION UNLESS NOTED.
 CUSTOMER SIGNATURE _____

White-Office Yellow-Customer Pink-Driver

TOTAL AMOUNT DUE WITHIN 30 DAYS OF THE INVOICE DATE.
 Overdue invoices are subject to a late payment charge of 1.5% per month on any unpaid balances.
 Customer shall be responsible for any and all reasonable attorney fees associated with the collection of unpaid balances.



NRM2033535013



Field Ticket
v 61560

Date 11/16/20 Co. Man _____
Truck # 1333 AFE # _____
Customer Marathon Drilling Rig _____
Lease/Well # Kyle 34 fed com SH Ticket # 34304
API# 30-015-43295

Material Hauled (or work performed)

vac. spill in cont.

Lease or System Name Well # RRC #
From Kyle 34 fed com SH _____
To UGL _____

Time/Qty:	Description	Rate	Total
hrs.		@ _____ per hr.	= _____
<u>1200</u> bbls/gal.		@ _____ per bbl/gal.	= _____
		@ _____ per _____	= _____
Start Time: <u>11:30 am</u>	Stop Time: <u>1:00 pm</u>		Total Hours <u>1.5</u>
Driver Name <u>William Pell</u>			

I was not injured in an accident in the performance of this work. Employee Signature _____

Stamp & Sign



Field Ticket
v 61559

Date 11/16/20 Co. Man _____
Truck # 1333 AFE # _____
Customer Marathon Drilling Rig _____
Lease/Well # Kyle 34 fed com SH Ticket # 34303
API# 30-015-43295

Material Hauled (or work performed)

vac spill in containment

Lease or System Name Well # RRC #
From Kyle 34 fed com SH _____
To UGL _____

Time/Qty:	Description	Rate	Total
hrs.		@ _____ per hr.	= _____
<u>1200</u> bbls/gal.		@ _____ per bbl/gal.	= _____
		@ _____ per _____	= _____
Start Time: <u>10:00 am</u>	Stop Time: <u>11:30</u>		Total Hours <u>1.5</u>
Driver Name <u>William Pell</u>			

I was not injured in an accident in the performance of this work. Employee Signature _____

Stamp & Sign

SERVICE ACKNOWLEDGED AND ARTICLES RECEIVED IN GOOD CONDITION UNLESS NOTED.