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    | NAPP2035244659 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

## **Release Notification**

## **Responsible Party**

| Responsible Party                                                                                                                                                                                               |             |                | OGRID                                   | OGRID                    |                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------------------------------|--------------------------|------------------------------|--|
| Contact Name                                                                                                                                                                                                    |             |                | Contact Te                              | Contact Telephone        |                              |  |
| Contact email                                                                                                                                                                                                   |             |                |                                         | Incident #               | Incident # (assigned by OCD) |  |
| Contact mail                                                                                                                                                                                                    | ing address |                |                                         | 1                        |                              |  |
|                                                                                                                                                                                                                 |             |                |                                         |                          |                              |  |
|                                                                                                                                                                                                                 |             |                | Location                                | of Release So            | ource                        |  |
| Latitude                                                                                                                                                                                                        |             |                |                                         | Longitude _              |                              |  |
|                                                                                                                                                                                                                 |             |                | (NAD 83 in dec                          | cimal degrees to 5 decin | nal places)                  |  |
| Site Name                                                                                                                                                                                                       |             |                |                                         | Site Type                | Site Type                    |  |
| Date Release                                                                                                                                                                                                    | Discovered  |                |                                         | API# (if app             | API# (if applicable)         |  |
|                                                                                                                                                                                                                 |             |                |                                         |                          |                              |  |
| Unit Letter                                                                                                                                                                                                     | Section     | Township       | Range                                   | Coun                     | County                       |  |
|                                                                                                                                                                                                                 |             |                |                                         |                          |                              |  |
| 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 | ed (bbls)                               |                          | Volume Recovered (bbls)      |  |
| Is the concentration of total dissolved so in the produced water >10,000 mg/l?                                                                                                                                  |             |                | Yes No                                  | 0                        |                              |  |
| Condensate Volume Released (bbls)                                                                                                                                                                               |             |                | Volume Reco                             | vered (bbls)             |                              |  |
| ☐ Natural Gas Volume Released (Mcf)                                                                                                                                                                             |             |                | Volume Reco                             | vered (Mcf)              |                              |  |
| Other (describe) Volume/Weight Released (provide units)                                                                                                                                                         |             | e units)       | Volume/Weight Recovered (provide units) |                          |                              |  |
| Cause of Rele                                                                                                                                                                                                   | ease        |                |                                         |                          |                              |  |
|                                                                                                                                                                                                                 |             |                |                                         |                          |                              |  |
|                                                                                                                                                                                                                 |             |                |                                         |                          |                              |  |

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## State of New Mexico Oil Conservation Division

| Incident ID    | NAPP2035244659 |
|----------------|----------------|
| District RP    |                |
| Facility ID    |                |
| Application ID |                |

| Was this a major release as defined by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If YES, for what reason(s) does the responsible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e party consider this a major release?                                                                                                                                                 |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 19.15.29.7(A) NMAC?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |  |  |  |
| ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |  |  |  |
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| If YES, was immediate no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | continuous divided by the object of the obje | When and by what means (phone, email, etc)?                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                      |  |  |  |
| Initial Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |  |  |  |
| The responsible p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | party must undertake the following actions immediately unl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ess 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 the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | environment.                                                                                                                                                                           |  |  |  |
| Released materials ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ave been contained via the use of berms or dikes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , absorbent pads, or other containment devices.                                                                                                                                        |  |  |  |
| All free liquids and re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ecoverable materials have been removed and ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | naged appropriately.                                                                                                                                                                   |  |  |  |
| If all the actions described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d above have <u>not</u> been undertaken, explain why                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |  |  |  |
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| D 10 15 20 9 D (4) NIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IAC 4L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | J. 4: : J. 4-1 A- J. 4: T J. 4:                                                                                                                                                        |  |  |  |
| has begun, please attach a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a narrative of actions to date. If remedial effor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | diation immediately after discovery of a release. If remediation its have been successfully completed or if the release occurred 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |  |  |  |
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| Signature: Kendra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DeHoyos I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date:                                                                                                                                                                                  |  |  |  |
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| OCD Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.5 (0.5 (0.5 (0.5 (0.5 (0.5 (0.5 (0.5 (0                                                                                                                                              |  |  |  |
| Received by: Ramon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | na Marcus Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | te: 12/23/2020                                                                                                                                                                         |  |  |  |

| Spills In Lined                                                  | Containment |  |  |  |  |
|------------------------------------------------------------------|-------------|--|--|--|--|
| Measurements Of Standing Fluid                                   |             |  |  |  |  |
| Length(Ft)                                                       | 26          |  |  |  |  |
| Width(Ft)                                                        | 45          |  |  |  |  |
| Depth(in.)                                                       | 1.5         |  |  |  |  |
| Total Capacity without tank displacements (bbls)                 | 26.05       |  |  |  |  |
| No. of 500 bbl Tanks<br>In Standing Fluid                        | 2           |  |  |  |  |
| No. of Other Tanks In<br>Standing Fluid                          |             |  |  |  |  |
| OD Of Other Tanks In<br>Standing Fluid(feet)                     |             |  |  |  |  |
| Total Volume of standing fluid accounting for tank displacement. | 17.65       |  |  |  |  |