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

## State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Submit 2 Copies to appropriate District Office in accordance with Rule 11do on back

side of form

Form C-141

Revised October 10, 2003

## **Release Notification and Corrective Action**

| N CO   | OPERA                                | TOR  | ☐ Init  | ial Report           | $\boxtimes$ | Final Repo |
|--|--------------------------------------|--|---|----------------------|-------------|------------|
| Name of Company OCCIDENTAL PERMIAN LTD. Contact TONY AGUILAR   |                                      |  |   |                      |             |            |
| Address 1017 W. Stanolind Road, Hobbs Facility Name NORTH HOBBS UNIT RCF/WIB   |                                      | Telephone No. (575)397-8251  |   |                      |             |            |
|  | pe OIL AND GA                        | AND GAS PRODUCTION FACILITY  |   |                      |             |            |
| Surface Owner Occidental Permian LTD. Mineral Own  | Mineral Owner HOBBS (G-SA) Lease No. |  |   |                      |             |            |
| LOCAT  | ION OF RE                            | ELEASE   |   |                      |             |            |
|  | lorth/South Line                     |  |   |                      |             |            |
|  |                                      |  |   | Lea                  |             |            |
| Latitude <u>32°43'1</u>  | 4.96" Longitu                        | de <u>103°11'59.65'</u>  | P   |                      |             |            |
| NATU   | RE OF REL                            |  |   |                      |             |            |
| Type of Release Gas Source of Release  |                                      | ne of Release 555 MCF Volume Recovered 0   |   |                      |             |            |
| FACILITY WIDE MALFUNCTIONS   |                                      | Date and Hour of Occurrence 9/24/2015 4:30:00 PM Date and Hour of Discovery 9/24/2015 4:30:00 PM |   |                      |             |            |
| Was Immediate Notice Given?  | If YES, T                            | 9/24/201   | 9/24/2015 4:30:00 PM                              |                      |             |            |
| ☐ Yes ☒ No ☐ Not Requi   | ired NA                              |  |   |                      |             |            |
| By Whom? NA Was a Watercourse Reached?   | Date and                             |  |   |                      |             |            |
| Yes No   | If YES, V                            | lume Impacting the Watercourse.  |   |                      |             |            |
| If a Watercourse was Impacted, Describe Fully.*  |                                      | DECEN  | /FD   |                      |             |            |
| NA   |                                      | RECEIV   | ED  |                      |             |            |
|  |                                      | By JKey  | es at 2:14  | pm, Se               | p 29        | 9, 2015    |
| Describe Cause of Problem and Remedial Action Taken.*  |                                      |  |   |                      |             |            |
| Cause:   |                                      |  |   |                      |             |            |
| FLARED AT THE NORTH HOBBS UNIT REINJECTION COMPROLITAGE AT THE SUBSTATION TRANSFORMED, FOR   | ESSOR FACILI                         | TY (RCF). ALL T  | RAINS WENT D                                      | OWN DUE              | TO PO       | WFD        |
| OUTAGE AT THE SUB STATION TRANSFORMER . EOR Remedial Action Taken:   |                                      | , ,  |   | OMINDOL              | 1010        | YY LIN     |
| ELECTRICAL CREW CALLED OUT AND REPLACED SOME BA  | D LIGHTNING                          | ADDECTORS N  | OWED HILL DE                                      |                      |             |            |
| TERMINE AND IN BLOW DOWN IKAINS A  | ND RESTARTE                          | ED ALL TRAINS  | OWER WAS RE                                       | STORED AN            | D RES       | STARTED    |
|  |                                      |  |   | LL TO DKIN           | O OA        | 3 DACK     |
| Describe Area Affected and Cleanup Action Taken.* ALL GAS BURNED AT FLARE.   |                                      | -  |   | _                    |             |            |
| The state of the s |                                      |  |   |                      |             |            |
|  |                                      |  |   |                      |             |            |
| I hereby certify that the information given above is true and complete regulations all operators are required to report and/or file and in the   | to the best of my                    | knowledge and un   | doretond that mu-                                 | NIN AC               | -           | , ,        |
| regardeous are obergrous are reduited to rebuit shid/or life cellain telesc  | se notifications a                   | nd perform correct   | iva actiona for1                                  |                      |             | 4          |
| Passes in the control of the control | vine Nivii ii ii m                   | arked or "Line! De   | man o mai! al a a a a a a a a a a a a a a a a a a | ' .1                 |             | 27 2 22 2  |
| should their operations have rathed to adequatery lifestibate and rame   | Tiate contaminati                    | On that noce a three   | of to oround water                                |                      |             |            |
| or the environment. In addition, NMOCD acceptance of a C-141 repo federal, state, or local laws and/or regulations.  | n does not renev                     | e the operator of re   | esponsibility for c                               | ompliance wi         | th any      | other      |
|  | OIL CONSERVATION DIVISION            |  |   |                      |             |            |
| Signature: Mol (Sur Car)   |                                      |  |   |                      |             |            |
| Printed Name: TONY AGUILAR   | Approved by                          | District Supervisor  | r: Jam Llhyer                                     | m×lhye               |             |            |
| Title: 7485 Specialist   | Approval Dat                         | Approval Date: 09/29/2015  |   | Expiration Date: /// |             |            |
| E-mail Address: RAYMOND_AGUILAR@OXY.COM  | Conditions of                        | Conditions of Approval:  |   |                      |             |            |
| Date: 9-28-/5 Phone: (575)397-8251   |                                      | ///  |   | Attached _           |             |            |
| Attach Additional Sheets If Necessary  |                                      |  |   | 1RP 3892             |             |            |

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