Form C-141 Revised April 3, 2017

Oil Conservation Division 1220 South St. Francis Dr. Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

| 1220 S. St. Francis Dr., Santa Fe, NM 87505 Sa   | anta Fe                                | e, NM 875  | 05                            |   |           |                                 |                |         |  |
|--|--|--|-------------------------------|---|-----------|---------------------------------|----------------|---------|--|
| Release Notific  | cation                                 | and Co   | orrective A                   | ction                                   |           |                                 |                |         |  |
|  |  |  | OPERATOR                      |   |           | 🖂 Initial Report 🗌 Final Report |                |         |  |
| Name of Company: COG Operating, LLC (OGRID# 229  |  | bert McNeill   |                               |   | · · · · · |                                 |                |         |  |
|  |  |  | Telephone No.: 432-683-7443   |   |           |                                 |                |         |  |
| Facility Name: Telecaster 36 St Battery  | ]                                      | Facility Typ   | e: CTB                        |   |           |                                 |                |         |  |
| Surface Owner: State Mineral Owner: S  |  |  | State API No.: 30-025-42376   |   |           |                                 |                |         |  |
|  |  |  |                               |   | 7111110   |                                 | 5-42370        |         |  |
|  |  | N OF RE  | <b>JEASE</b><br>Feet from the | E = = t/W                               |           | Country                         |                |         |  |
| Unit LetterSectionTownshipRangeFeet from theA3624S34E  | North/                                 | South Line   | Feet from the                 | East/w                                  | est Line  | County                          | Lea            |         |  |
| Latitude:32.180  | 092 <b>Lo</b>                          | ngitude:-10  | 3.416374 NAD                  | 083                                     |           |                                 |                |         |  |
| NAT  | TURE                                   | OF REL   | EASE                          |   |           |                                 |                |         |  |
| Type of Release: Produced Water  | Volume of Release:                     |  |                               | Volume Recovered:                       |           |                                 |                |         |  |
| Source of Release: Tank Overflow   | 38bbls<br>Date and Hour of Occurrence: |  |                               | 37.5bbls<br>Date and Hour of Discovery: |           |                                 |                |         |  |
|  | 12/30/2017                             |  |                               | 12/30/2017 8:00am                       |           |                                 |                |         |  |
| Was Immediate Notice Given?  | If YES, To Whom?                       |  |                               |   |           |                                 |                |         |  |
| 🛛 Yes 🗌 No 🗌 Not Re  | equired                                | Olivia Yu-NMOCD<br>Amber Groves-NMSLO                                  |                               |   |           |                                 |                |         |  |
| By Whom? Dakota Neel   | Date and Hour: 12/30/2017 3:36pm       |  |                               |   |           |                                 |                |         |  |
| Was a Watercourse Reached?   |  | If YES, Vo   | lume Impacting                | the Water                               | course.   |                                 |                |         |  |
| 🗌 Yes 🖾 No   |  |  |                               |   |           |                                 |                |         |  |
| If a Watercourse was Impacted, Describe Fully.*  |  | F  | <b>ECEIVE</b>                 | D                                       |           |                                 |                |         |  |
|  |  |  |                               | _                                       |           |                                 | 02 204         | 0       |  |
| Describe Cause of Problem and Remedial Action Taken.*  |  |  | y Olivia Y                    | u al s                                  | .37 a     | III, Jall                       | 02, 201        | •       |  |
| PLC was not reading correct fluid level in the tank. The PLC was   | racelibre                              | atad   |                               |   |           |                                 |                |         |  |
| Describe Area Affected and Cleanup Action Taken.*  | Tecanora                               | aleu.  |                               |   |           |                                 |                |         |  |
| •  |  |  |                               |   |           |                                 |                |         |  |
| All of the fluid remained inside of the lined containment. A vacuu<br>evaluated for any possible impact from the release and we will pro-  |  |  |                               |   |           |                                 |                | ll area |  |
| remediation activities.  | esent a re                             | emediation w   | ork plan to the N             | MOCDIC                                  | approva   | ii prior to an                  | ly significant |         |  |
| I hereby certify that the information given above is true and comp   |  |  |                               |   |           |                                 |                |         |  |
| regulations all operators are required to report and/or file certain r<br>public health or the environment. The acceptance of a C-141 repo |  |  |                               |   |           |                                 |                |         |  |
| should their operations have failed to adequately investigate and r  |  |  |                               |   |           |                                 |                |         |  |
| or the environment. In addition, NMOCD acceptance of a C-141   |  |  |                               |   |           |                                 |                |         |  |
| federal, state, or local laws and/or regulations.  |  |  |                               | CEDV                                    |           | DIVICIO                         |                |         |  |
|  |  | OIL CONSERVATION DIVISION  |                               |   |           |                                 |                |         |  |
| Signature: Sheldon Jutan   |  |  |                               |   | 01,       |                                 |                |         |  |
| Signature: Creater in Frances  |  | Approved by Environmental Specialist:                                  |                               |   |           |                                 |                |         |  |
| Printed Name: Sheldon L. Hitchcock   |  |  |                               |   | U         |                                 |                |         |  |
| Title: HSE Coordinator   |  | Approval Date: 1/2/2018 Expiration Date:                               |                               |   |           |                                 |                |         |  |
| E-mail Address: slhitchcock@concho.com   |  | Conditions of  | Approval                      | •                                       |           |                                 |                |         |  |
|  |  | Conditions of Approval: Atta Please inspect liner in question. Provide |                               |   |           | Attached                        |                |         |  |
| Date: 1/2/2018 Phone: 575-746-2010   |  | -  | h a concise re                |   |           |                                 |                |         |  |
| Attach Additional Sheets If Necessary  |  |  | vith affirmatio               | •                                       |           |                                 |                |         |  |
|  |  | •  | tinue to cont                 |   |           | nOY                             | 1800234        | 672     |  |

and will continue to contain liquids.