<u>District I</u> 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

Form C-141 Revised August 8, 2011

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

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

| Release Notification and Corrective Action |            |                |          |               |                  |               |                |           |           |        |  |
|--|------------|----------------|----------|---------------|------------------|---------------|----------------|-----------|-----------|--------|--|
|  |            |                |          |               | OPERAT           | ΓOR           | 🗵 Initi        | al Report | ☐ Final I | Report |  |
| Name of Co                                 | mpany:     | COG Operat     | ing LLC  | OGRID # 229   | 137 Contact:     |               | Robert McNeill |           |           |        |  |
| Address:                                   | 600 Wes    | t Illinois Ave | nue, Mid | land TX 79701 | Telephone N      | No.           | 432-683-7443   |           |           |        |  |
| Facility Nar                               | ne: Kingfi | sher State Co  | m #001H  | l             | Facility Typ     | e: Ta         | nk Battery     |           |           |        |  |
|  |            |                |          |               |                  |               |                |           |           |        |  |
| Surface Ow                                 | ner: Sta   | ite            |          | Mineral O     | wner: State      |               | API No         | . 30-02   | 25-41835  |        |  |
| LOCATION OF RELEASE                        |            |                |          |               |                  |               |                |           |           |        |  |
| Unit Letter                                | Section    | Township       | Range    | Feet from the | North/South Line | Feet from the | East/West Line |           | County    |        |  |
| P  | 23         | 185            | 34E      | 290           | South            | 740           | East           |           | Lea       |        |  |
|  |            |                |          | ·             |                  |               |                |           |           |        |  |

| LOCATION OF RELEASE   |  |                |             |                   |           |  |                                       |                     |                                |  |
|---|--|----------------|-------------|-------------------|-----------|--|---------------------------------------|---------------------|--------------------------------|--|
| Unit Letter<br>P  | Section  | Township       | Range       | Feet from the 290 |           | South Line Feet from the East/West 740 East                                  |                                       | East/West Line      | 1                              |  |
| r   | 23   | 185            | 34E         | 290               |           | south  | /40                                   | [ East              | Lea                            |  |
| Latitude 32.72684448 Longitude -103.52491   |  |                |             |                   |           |  |                                       |                     |                                |  |
| NATURE OF RELEASE   |  |                |             |                   |           |  |                                       |                     |                                |  |
| Type of Release:  |  |                |             |                   |           |  | Volume of Release: Volume Recovered:  |                     |                                |  |
|   |  | Oil            |             |                   |           | 14 bbl.  |                                       |                     | 12 bbl.                        |  |
| Source of Release:  |  |                |             |                   |           |  |                                       |                     | Hour of Discovery:             |  |
| Tank Overflow  Was Immediate Notice Given?  |  |                |             |                   |           | July 6, 2017 8:15 am July 6, 2017 8:15 am  If YES, To Whom?                  |                                       |                     |                                |  |
| Yes No Not Required   |  |                |             |                   |           |  | · · · · · · · · · · · · · · · · · · · |                     |                                |  |
| By Whom?  |  |                |             |                   |           | Date and Hour:   |                                       |                     |                                |  |
| Was a Water   | course Read  |                |             |                   |           | If YES, Volume Impacting the Watercourse.                                    |                                       |                     |                                |  |
| ☐ Yes ⊠ No  |  |                |             |                   |           |  |                                       |                     |                                |  |
| If a Watercourse was Impacted, Describe Fully.*   |  |                |             |                   |           |  |                                       |                     |                                |  |
| •   |  |                |             |                   |           |  |                                       |                     |                                |  |
| Describe Cause of Problem and Remedial Action Taken.*  By Olivia Yu at 12:20 pm, Jul 10, 2017   |  |                |             |                   |           |  |                                       |                     |                                |  |
| Describe Cause of Problem and Remedial Action Taken.**  |  |                |             |                   |           |  |                                       |                     |                                |  |
| The release was due to a ball-valve being partially open going into an isolated tank which resulted in the tank overflowing.  |  |                |             |                   |           |  |                                       |                     |                                |  |
| Describe Are  | a Affected   | and Cleanup A  | Action Tak  | cen.*             |           |  |                                       |                     |                                |  |
| The release of  | occurred wit   | thin the lined | facility. A | vacuum truck wa   | s dispate | hed to remo  | e all freestanding                    | g fluids. The grave | l will be taken to an approved |  |
| NMOCD dis   | The release occurred within the lined facility. A vacuum truck was dispatched to remove all freestanding fluids. The gravel will be taken to an approved NMOCD disposal facility. Concho will have the spill area evaluated for any possible impact from the release and we will present a remediation work plan |                |             |                   |           |  |                                       |                     |                                |  |
| to the NMOCD for approval prior to any significant 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 NMOCD 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 NMOCD marked as "Final Report" does not relieve the operator of liability |  |                |             |                   |           |  |                                       |                     |                                |  |
| should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health   |  |                |             |                   |           |  |                                       |                     |                                |  |
| or the environment. In addition, NMOCD 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.   |  |                |             |                   |           |  |                                       |                     |                                |  |
| federal, state  | or local la  | ws and/or regi | ilations.   | ,                 | 1         |  | OIL CON                               | CEDVATION           | IDIVISION                      |  |
| Signature: Reblica Haskell  |  |                |             |                   |           | OIL CONSERVATION DIVISION  |                                       |                     |                                |  |
|   |  |                |             |                   |           |  |                                       |                     | gil                            |  |
| Printed Nam   | e;   | Rebecca        | Haskell     |                   |           | Approved by  | Environmental S                       | Specialist:         | J (                            |  |
| Title:  |  | Senior H       | SE Coordi   | nator             |           | Approval Da  | 7/10/201                              | 7 Expiration        | Date:                          |  |
| E-mail Addr   | ess:   | rhaskell@      | concho.c    | om                |           | Conditions o   | f Approval:                           | 0.000               |                                |  |
|   |  |                |             |                   |           | Please inspect liner in question. Provide                                    |                                       |                     |                                |  |
| Date: July 7,   |  | Phone:         | 432-683     | 3-7443            |           |  | •                                     |                     |                                |  |
| Attach Addi   | itional She  | ets If Necess  | ary         |                   |           | NMOCD with a concise report of the inspection with affirmation the liner has |                                       |                     |                                |  |
|   |  |                |             |                   |           | nspection  | with allillidt                        | on the liller fla   | ٥١                             |  |

and will continue to contain liquids.

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