

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	NOY1829049280
District RP	
Facility ID	
Application ID	

## Release Notification

### Responsible Party

Responsible Party	OGRID
Contact Name	Contact Telephone
Contact email	Incident # (assigned by OCD) NOY1829049280
Contact mailing address	

### Location of Release Source

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
(NAD 83 in decimal degrees to 5 decimal places)

Site Name	Site Type
Date Release Discovered	API# (if applicable)

Unit Letter	Section	Township	Range	County
G				

State minerals

Surface Owner: ☐ State ☐ Federal ☐ Tribal ☐ Private (Name: \_\_\_\_\_)

### Nature and Volume of Release

Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)

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

Cause of Release

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

### Initial Response

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

<input type="checkbox"/> The source of the release has been stopped. <input type="checkbox"/> The impacted area has been secured to protect human health and the environment. <input type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices. <input type="checkbox"/> All free liquids and recoverable materials have been removed and managed appropriately.	
If all the actions described above have <u>not</u> been undertaken, explain why:	
Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.	
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.	
Printed Name: _____	Title: _____
Signature: <u>Delann Grant</u>	Date: _____
email: _____	Telephone: _____
<b>OCD Only</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;"> <b>RECEIVED</b>  <i>By Olivia Yu at 1:38 pm, Oct 17, 2018</i> </div> Received by: _____ Date: _____	

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Site Assessment/Characterization

This information must be provided to the appropriate district office no later than 90 days after the release discovery date.

What is the shallowest depth to groundwater beneath the area affected by the release?	_____ (ft bgs)
Did this release impact groundwater or surface water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of a continuously flowing watercourse or any other significant watercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 200 feet of any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of an occupied permanent residence, school, hospital, institution, or church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 500 horizontal feet of a spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 1000 feet of any other fresh water well or spring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within incorporated municipal boundaries or within a defined municipal fresh water well field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of a wetland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release overlying a subsurface mine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release overlying an unstable area such as karst geology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within a 100-year floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the release impact areas <b>not</b> on an exploration, development, production, or storage site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a comprehensive report (electronic submittals in .pdf format are preferred) demonstrating the lateral and vertical extents of soil contamination associated with the release have been determined. Refer to 19.15.29.11 NMAC for specifics.

<p><b>Characterization Report Checklist:</b> <i>Each of the following items must be included in the report.</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Scaled site map showing impacted area, surface features, subsurface features, delineation points, and monitoring wells.</li><li><input type="checkbox"/> Field data</li><li><input type="checkbox"/> Data table of soil contaminant concentration data</li><li><input type="checkbox"/> Depth to water determination</li><li><input type="checkbox"/> Determination of water sources and significant watercourses within ½-mile of the lateral extents of the release</li><li><input type="checkbox"/> Boring or excavation logs</li><li><input type="checkbox"/> Photographs including date and GIS information</li><li><input type="checkbox"/> Topographic/Aerial maps</li><li><input type="checkbox"/> Laboratory data including chain of custody</li></ul>
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If the site characterization report does not include completed efforts at remediation of the release, the report must include a proposed remediation plan. That plan must include the estimated volume of material to be remediated, the proposed remediation technique, proposed sampling plan and methods, anticipated timelines for beginning and completing the remediation. The closure criteria for a release are contained in Table 1 of 19.15.29.12 NMAC, however, use of the table is modified by site- and release-specific parameters.

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Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OCD Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Remediation Plan

**Remediation Plan Checklist:** *Each of the following items must be included in the plan.*

- ☐ Detailed description of proposed remediation technique
- ☐ Scaled sitemap with GPS coordinates showing delineation points
- ☐ Estimated volume of material to be remediated
- ☐ Closure criteria is to Table 1 specifications subject to 19.15.29.12(C)(4) NMAC
- ☐ Proposed schedule for remediation (note if remediation plan timeline is more than 90 days OCD approval is required)

**Deferral Requests Only:** *Each of the following items must be confirmed as part of any request for deferral of remediation.*

- ☐ Contamination must be in areas immediately under or around production equipment where remediation could cause a major facility deconstruction.
- ☐ Extents of contamination must be fully delineated.
- ☐ Contamination does not cause an imminent risk to human health, the environment, or groundwater.

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Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OCD Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Approved with Attached Conditions of Approval ☐ Denied ☐ Deferral Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Closure

The responsible party must attach information demonstrating they have complied with all applicable closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a comprehensive report (electronic submittals in .pdf format are preferred) including a scaled site map, sampling diagrams, relevant field notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of final sampling, and a narrative of the remedial activities. Refer to 19.15.29.12 NMAC.

**Closure Report Attachment Checklist: *Each of the following items must be included in the closure report.***

- ☐ A scaled site and sampling diagram as described in 19.15.29.11 NMAC
- ☐ Photographs of the remediated site prior to backfill or photos of the liner integrity if applicable (Note: appropriate OCD District office must be notified 2 days prior to liner inspection)
- ☐ Laboratory analyses of final sampling (Note: appropriate ODC District office must be notified 2 days prior to final sampling)
- ☐ Description of 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 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. The responsible party acknowledges they must substantially restore, reclaim, and re-vegetate the impacted surface area to the conditions that existed prior to the release or their final land use in accordance with 19.15.29.13 NMAC including notification to the OCD when reclamation and re-vegetation are complete.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OCD Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Closure approval by the OCD does not relieve the responsible party of liability should their operations have failed to adequately investigate and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment nor does not relieve the responsible party of compliance with any other federal, state, or local laws and/or regulations.

Closure Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*\*\*\* LIQUID SPILLS - VOLUME CALCULATIONS \*\*\*\*\***

Location of spill: COG - Skull Cap Federal Com #022H

Date of Spill: 11-Oct-2018

If the leak/spill is associated with production equipment, i.e. - wellhead, stuffing box,  
flowline, tank battery, production vessel, transfer pump, or storage tank place an "X" here: ☒

**Input Data:**

If spill volumes from measurement, i.e. metering, tank volumes, etc. are known enter the volumes here: OIL: 0.0 BBL WATER: 0.0 BBL

If "known" spill volumes are given, input data for the following "Area Calculations" is optional. The above will override the calculated volumes.

Total Area Calculations						Standing Liquid Calculations					
Total Surface Area	width	length		wet soil depth	oil (%)	Standing Liquid Area	width	length	liquid depth	oil (%)	
Rectangle Area #1	0 ft	0 ft	X	0 in	0%	Rectangle Area #1	100 ft	X	50 ft	X	0.40 in 50%
Rectangle Area #2	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #2	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #3	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #3	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #4	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #4	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #5	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #5	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #6	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #6	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #7	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #7	0 ft	X	0 ft	X	0 in 0%
Rectangle Area #8	0 ft	X	0 ft	X	0 in 0%	Rectangle Area #8	0 ft	X	0 ft	X	0 in 0%

Average Daily Production: Oil 0 BBL Water 0 BBL 0 Gas (MCFD)

Total Hydrocarbon Content in gas: 0% (percentage)

Did leak occur before the separator?: ☒ YES ☒ N/A (place an "X")

H2S Content in Produced Gas: 0 PPM

H2S Content in Tank Vapors: 0 PPM

Amount of Free Liquid Recovered: 0 BBL okay

Percentage of Oil in Free Liquid Recovered: 0% (percentage)

Liquid holding factor \*: 0.00 gal per gal

Use the following when the spill wets the grains of the soil.

\* Sand = 0.08 gallon (gal.) liquid per gal. volume of soil.  
\* Gravelly (caliche) loam = 0.14 gal. liquid per gal. volume of soil.  
\* Sandy clay loam soil = 0.14 gal liquid per gal. volume of soil.  
\* Clay loam = 0.16 gal. liquid per gal. volume of soil.

Use the following when the liquid completely fills the pore space of the soil:

Occurs when the spill soaked soil is contained by barriers, natural (or not).  
\* Clay loam = 0.20 gal. liquid per gal. volume of soil.  
\* Gravelly (caliche) loam = 0.25 gal. liquid per gal. volume of soil.  
\* Sandy loam = 0.5 gal. liquid per gal. volume of soil.

Total Solid/Liquid Volume: sq. ft. cu. ft. cu. ft. Total Free Liquid Volume: **5,000 sq. ft.** **83 cu. ft.** **83 cu. ft.**

**Estimated Volumes Spilled**

	<b>H2O</b>	<b>OIL</b>
Liquid in Soil:	0.0 BBL	0.0 BBL
Free Liquid:	14.8 BBL	14.8 BBL
Totals:	14.8 BBL	14.8 BBL

Total Liquid Spill Liquid: **14.8 BBL** **14.8 BBL**

**Recovered Volumes**

Estimated oil recovered: **BBL** check - okay  
Estimated water recovered: **BBL** check - okay

**Estimated Production Volumes Lost**

	<b>H2O</b>	<b>OIL</b>
Estimated Production Spilled:	0.0 BBL	0.0 BBL

**Estimated Surface Damage**

Surface Area: **5,000** sq. ft.  
Surface Area: **.1148** acre

**Estimated Weights, and Volumes**

Saturated Soil = lbs cu. ft. cu. yds.  
Total Liquid = **30** BBL **1,247** gallon **10,372** lbs

**Air Emission from flowline leaks:**

Volume of oil spill: - BBL  
Separator gas calculated: - MCF  
Separator gas released: - MCF  
Gas released from oil: - lb  
H2S released: - lb  
Total HC gas released: - lb  
Total HC gas released: - MCF

**Air Emission of Reporting Requirements:**

	<u>New Mexico</u>	<u>Texas</u>
HC gas release reportable?	<b>NO</b>	<b>NO</b>
H2S release reportable?	<b>NO</b>	<b>NO</b>

**From:** [Yu, Olivia, EMNRD](#)  
**To:** [DeAnn Grant](#); [Tucker, Shelly](#); [Mann, Ryan](#)  
**Cc:** [Hernandez, Christina, EMNRD](#); [Griswold, Jim, EMNRD](#); [jamos@blm.gov](mailto:jamos@blm.gov); [Ike Tavaréz](#); [Robert McNeill](#); [Sheldon Hitchcock](#); [Dakota Neel](#); [Rebecca Haskell](#)  
**Subject:** RE: [EXT] (C-141 Initial) Skull Cap Federal Com #022H (30-025-43299) 10-11-2018  
**Date:** Wednesday, October 17, 2018 1:48:00 PM  
**Attachments:** image001.png  
reviewed\_(C-141 Initial) Skull Cap Federal Com #022H (30-025-43299) 10-11-2018.pdf

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Ms. Grant:

NMOCD databases indicated State surface and minerals ownerships. NMSLO and BLM can verify.

Please see attachment for your records.

Thanks,  
Olivia

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**From:** DeAnn Grant <[agrant@concho.com](mailto:agrant@concho.com)>  
**Sent:** Tuesday, October 16, 2018 3:26 PM  
**To:** Yu, Olivia, EMNRD <[Olivia.Yu@state.nm.us](mailto:Olivia.Yu@state.nm.us)>; Tucker, Shelly <[stucker@blm.gov](mailto:stucker@blm.gov)>; Mann, Ryan <[rmann@slo.state.nm.us](mailto:rmann@slo.state.nm.us)>  
**Cc:** Hernandez, Christina, EMNRD <[Christina.Hernandez@state.nm.us](mailto:Christina.Hernandez@state.nm.us)>; Griswold, Jim, EMNRD <[Jim.Griswold@state.nm.us](mailto:Jim.Griswold@state.nm.us)>; [jamos@blm.gov](mailto:jamos@blm.gov); [Ike Tavaréz <itavarez@concho.com>](mailto:itavarez@concho.com); [Robert McNeill <RMcNeill@concho.com>](mailto:RMcNeill@concho.com); [Sheldon Hitchcock <SLHitchcock@concho.com>](mailto:SLHitchcock@concho.com); [Dakota Neel <DNeel2@concho.com>](mailto:DNeel2@concho.com); [Rebecca Haskell <RHaskell@concho.com>](mailto:RHaskell@concho.com); DeAnn Grant <[agrant@concho.com](mailto:agrant@concho.com)>  
**Subject:** [EXT] (C-141 Initial) Skull Cap Federal Com #022H (30-025-43299) 10-11-2018

Ms. Yu/Ms. Tucker/Mr. Mann,

Please find the attached C-141 for your consideration. Also, attached is the calculation sheet to determine the estimated release volume for Falcon Lined facilities. The liquid lost estimate is based on the spill dimensions, estimated depth of fluid in the liner. The spreadsheet will calculate the volume lost into the liner. No gravel was present in this lined facility as it is a Falcon Liner. The unrecovered volume is a residue left behind on the liner and equipment which will be cleaned by pressure wash. If you have any questions or concerns please do not hesitate to contact me

Thank you,

*DeAnn Grant*

HSE Administrative Assistant

[agrant@concho.com](mailto:agrant@concho.com)

COG Operating LLC

600 W Illinois Avenue | Midland, TX 79701

Direct: 432-253-4513 | Main: 432.683.7443



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**From:** [DeAnn Grant](#)  
**To:** [Yu, Olivia, EMNRD](#); [Mann, Ryan](#); [Tucker, Shelly](#)  
**Cc:** [Hernandez, Christina, EMNRD](#); [Griswold, Jim, EMNRD](#); [Ike Tavarez](#); [Robert McNeill](#); [Sheldon Hitchcock](#); [Dakota Neel](#); [Rebecca Haskell](#); [DeAnn Grant](#)  
**Subject:** [EXT] (Notification) Skull Cap Federal Com #022H Battery (30-025-43299) 10-11-2018  
**Date:** Friday, October 12, 2018 8:51:38 AM  
**Attachments:** image001.png

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Ms. Yu/ Mr. Mann/Ms. Tucker,

COG Operating, LLC (OGRID# 229137) is reporting a release of oil and produced water at the Skull Cap Federal Com #022H Battery (30-025-43299) .

Release Location:

ULSTR: J-32-24S-35E

Lat/Long: 32.17410, -103.38710

Date of Release: October 11, 2018

Release Volume: >25 bbl.

Recovery Volume: On going

COG will have the release evaluated and will submit an initial C-141. If you have any questions or concerns please do not hesitate to contact me.

Also, I believe the surface owner is state and the mineral owner may be federal. Could you please check and confirm?

Thank you,

*DeAnn Grant*

HSE Administrative Assistant

[agrant@concho.com](mailto:agrant@concho.com)

COG Operating LLC

600 W Illinois Avenue | Midland, TX 79701

Direct: 432-253-4513 | Main: 432.683.7443



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Operating LLC or its affiliates.