

blank  
NA

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 32767

**QUESTIONS**

|                                                                             |                                                        |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>XTO ENERGY, INC<br>6401 Holiday Hill Road<br>Midland, TX 79707 | OGRID:<br>5380                                         |
|                                                                             | Action Number:<br>32767                                |
|                                                                             | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

**QUESTIONS****Determination of Reporting Requirements**

Answer all questions that apply. The Reason(s) statements are calculated based on your answers and may provide additional guidance.

|                                                                                                                                                                                                                                                                                          |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Was or is this venting or flaring caused by an emergency or malfunction                                                                                                                                                                                                                  | Yes                                           |
| Did or will this venting or flaring last eight hours or more cumulatively within any 24-hour period from a single event                                                                                                                                                                  | No                                            |
| Is this considered a submission for a notification of a major venting or flaring                                                                                                                                                                                                         | Yes, minor venting or flaring of natural gas. |
| The operator shall file a form C-141 instead of a form C-129 for a release that includes liquid during venting or flaring that is or may be a major or minor release under 19.13.29.7 NMAC                                                                                               |                                               |
| Was there or will there be at least 50 MCF of natural gas vented or flared during this event                                                                                                                                                                                             | Yes                                           |
| Did this venting or flaring result in the release of ANY liquids (not fully and/or completely flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water | No                                            |

**Unregistered Facility Site**

Please provide the facility details, if the venting or flaring occurred or is occurring at a facility that does not have an Facility ID (##) yet.

|                       |                        |
|-----------------------|------------------------|
| Facility or Site Name | JAMES RANCH UNIT DI 12 |
| Facility Type         | Tank Battery - (TB)    |

**Equipment Involved**

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| Primary Equipment Involved                                | Gas Compressor Station            |
| Additional details for Equipment Involved. Please specify | ONSITE SALES COMPRESSOR WENT DOWN |

**Representative Compositional Analysis of Vented or Flared Natural Gas**

Please provide the mole percent for the percentage questions in this group.

|                                                                                                                               |               |
|-------------------------------------------------------------------------------------------------------------------------------|---------------|
| Methane (CH4) percentage                                                                                                      | 0             |
| Nitrogen (N2) percentage, if greater than one percent                                                                         | 0             |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                        | 0             |
| Carbon Dioxide (CO2) percentage, if greater than one percent                                                                  | 0             |
| Oxygen (O2) percentage, if greater than one percent                                                                           | 0             |
| If you are venting and/or flaring because of Pipeline Specification, please provide the required specifications for each gas. |               |
| Methane (CH4) percentage quality requirement                                                                                  | Not answered. |
| Nitrogen (N2) percentage quality requirement                                                                                  | Not answered. |
| Hydrogen Sulfide (H2S) PPM quality requirement                                                                                | Not answered. |
| Carbon Dioxide (CO2) percentage quality requirement                                                                           | Not answered. |
| Oxygen (O2) percentage quality requirement                                                                                    | Not answered. |

**Date(s) and Time(s)**

|                                                                                     |            |
|-------------------------------------------------------------------------------------|------------|
| Date venting or flaring was discovered or commenced                                 | 06/04/2021 |
| Time venting or flaring was discovered or commenced                                 | 12:00 AM   |
| Is the venting or flaring event complete                                            | Yes        |
| Date venting or flaring was terminated                                              | 06/04/2021 |
| Time venting or flaring was terminated                                              | 01:30 AM   |
| Total duration of venting or flaring in hours, if venting or flaring has terminated | 2          |
| Longest duration of cumulative hours within any 24-hour period during this event    | 2          |

**Measured or Estimated Volume of Vented or Flared Natural Gas**

|                                                                        |                                                                                                                              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Natural Gas Vented (Mcf) Details                                       | Not answered.                                                                                                                |
| Natural Gas Flared (Mcf) Details                                       | Cause: Equipment Failure   Gas Compressor Station   Natural Gas Flared   Spilled: 51 Mcf   Recovered: 0 Mcf   Lost: 51 Mcf ] |
| Other Released Details                                                 | Not answered.                                                                                                                |
| Additional details for Measured or Estimated Volume(s). Please specify | Not answered.                                                                                                                |
| Is this a gas only submission (i.e. only Mcf values reported)          | Yes, according to supplied volumes this appears to be a "gas only" report.                                                   |

**Venting or Flaring Resulting from Downstream Activity**

|                                                                        |               |
|------------------------------------------------------------------------|---------------|
| Was or is this venting or flaring a result of downstream activity      | Not answered. |
| Date notified of downstream activity requiring this venting or flaring | Not answered. |
| Time notified of downstream activity requiring this venting or flaring | Not answered. |

**Steps and Actions to Prevent Waste**

|                                                                                                                                |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| For this event, the operator could not have reasonably anticipated the current event and it was beyond the operator's control. | True                                                  |
| Please explain reason for why this event was beyond your operator's control                                                    | SALES COMPRESSOR WENT DOWN                            |
| Steps taken to limit the duration and magnitude of venting or flaring                                                          | ONSITE SALES COMPRESSOR, FIXED AND GOT UP AND RUNNING |
| Corrective actions taken to eliminate the cause and reoccurrence of venting or flaring                                         | FIXED EQUIPMENT                                       |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS  
  
Action 32767

CONDITIONS

|                                                                             |                                                        |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>XTO ENERGY, INC<br>6401 Holiday Hill Road<br>Midland, TX 79707 | OGRID:<br>5380                                         |
|                                                                             | Action Number:<br>32767                                |
|                                                                             | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

CONDITIONS

| Created By | Condition                                                                                                                                                                            | Condition Date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| system     | If the information provided in this report requires an amendment, submit a [C-129] Request to Amend Venting and/or Flaring Incident, utilizing your incident number from this event. | 6/18/2021      |