

Parker Energy Support Services, Inc.
P.O. Box 1957
Eunice, NM 88231

Invoice	
Date	6/30/2025
Invoice #	104424

Bill To
Goodnight Midstream 5910 N. Central Express Way Ste 800 Dallas Tx 75206

				Terms
				Net 30
Location		Date of Service	Company Rep	Flash
Llano Central SWD		06/28/2025	Juan Rodriguez	
Work Ticket	Quantity	Equipment & Labor	Rate	Amount
158270	15	Vacuum truck per hour	90.00	1,350.00T
	10	Disposal of produced water per barrel	0.65	6.50T
THANK YOU FOR YOUR BUSINESS.			Subtotal	\$1,356.50
			Sales Tax (5.25%)	\$71.22
			Payments/Credits	\$0.00
			Total	\$1,427.72
			Balance Due	\$1,427.72

PARKER ENERGY SUPPORT SERVICES, INC.**PARKER ENERGY SWD #5**

P. O. BOX 1957

EUNICE, NEW MEXICO 88231

(575) 394-0444

DISPOSAL TICKET**No. 90089**6/28/25

DATE

TIME

Oil Company

Goodnight

Trucking Company

Parker

Lease Name

Mano Central

Truck Number / Plate Number

70

Company Rep

Printed Name

Moises Galindo

Barrels

10

Truck Driver's Signature

Moises Galindo

WHITE & YELLOW COPIES - LEAVE AT WATER STATION • PINK - DRIVER COPY • GOLD - OFFICE COPY

SUPERIOR PRINTING SERVICE, INC.

**Parker Energy
Support Services, Inc.**

PHONE (575) 394-0444 • FAX (575) 394-0043

P.O. BOX 1957

2350 AVE. O, FUNICE, NM 88231

TRUCKING WORK TICKET

COMPANY: Goodnight LEASE: 119no Central SWB W/T 158270

ADDRESS TO MAIL INVOICE: _____ P.O. # _____

JOB DESCRIPTION: Drive to Location SALESMAN 2020

PICK UP Spill on battery containment

Full Day Hauled Fluids to SWD WELL

UNIT #	DRIVER NAME (PRINT)	TOTAL HRS.	TEXAS MILES	TOP GAUGE	BTM. GAUGE
40	Moises Galindo	15			

EQUIPMENT USED				JOB HAZARD ASSESSMENT			
Type of Equipment	Hours	Unit Price	Total	SAFETY EQUIPMENT REQUIRED TO DO THIS JOB <input type="checkbox"/> Hard Hat <input type="checkbox"/> Lock Out / Tag Out <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Ground Cable <input type="checkbox"/> Cotton / Rubber Gloves <input type="checkbox"/> H2S / Tri-Monitors <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Harness / Anti-fall Device <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Proper Clothing <input type="checkbox"/> Wheel Chock <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Confined Space Permit <input type="checkbox"/> Safety Belts <input type="checkbox"/> Work Permit Required <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Face Shields / Goggles <input type="checkbox"/> Back Support Belts			
Kill Truck			\$	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust			
Vacuum Truck	15		\$	Approval / Date _____ Customer Approval / Date _____			
Helper			\$	ENVIRONMENTAL Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N			
Safety Supervisor			\$	PRE-JOB HAZARD ASSESSMENT LIFTING Manual Lifting (Body Position) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Mechanical Lifting Equipment <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Awkward Body Position <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Slip / Trip Potential <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Lifting w/ Other Employees <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Proper Rigging Practices <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Proper Tool / Material Placement <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Hot / Cold Surface or Material <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Inadequate Lighting <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Fall Protection / Anchor Points <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Pinch Points <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Trenching / Excavation <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Hand & Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Welding / Flame Cutting <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes, identify: _____			
4 Gas Monitor			\$	BODY POSITION / MOVEMENT Climbing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Pushing / Pulling <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Bending <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Twisting Motion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Walking <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Swinging <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Straining <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Over Extending <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Jumping <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Crawling <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Steamer			\$	Sequence of Basic Job Steps _____ _____ _____			
Chart Recorder			\$	ACCESS / EXIT Scaffold (properly inspected) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Ladder <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Hoisting of Tools / Materials <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Safety Trailer			\$	Action Taken to Eliminate or Reduce Potential Hazards _____ _____ _____			
				Customer Satisfaction <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Please contact me			
Type of Chemical	Gallons	Unit Price	Total	Sequence of Basic Job Steps: Drive Arrive			
Acid			\$				
Degreaser			\$				
Paraffin Solvent			\$				
Inhibitor			\$				
KCL Liquid			\$				
Biocide			\$				
Packer Fluid			\$				
Soap			\$				

MATERIALS USED				
Type of Material / Water Sta. SWD		Amount	Unit Price	Total Price
Type Water	Water Sta. / SWD	Barrels / Yards		
Brine			\$	
Brine			\$	
Fresh - Parker			\$	
Fresh			\$	
Produced - PSWD	Parker	10	\$	
Produced			\$	
Solids			\$	
Jet Out			\$	
			Grand Total	
Driver Signature <i>Rolando Galindo</i>			Customer Signature	
			Company Representative (print)	

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

QUESTIONS

Action 483197

QUESTIONS

Operator: GOODNIGHT MIDSTREAM PERMIAN, LLC 5910 North Central Expressway Dallas, TX 75206	OGRID: 372311
	Action Number: 483197
	Action Type: [C-141] Initial C-141 (C-141-v-Initial)

QUESTIONS

Prerequisites	
Incident ID (n#)	nAPP2518226088
Incident Name	NAPP2518226088 LLANO CENTRAL PLC FAILURE @ 0
Incident Type	Produced Water Release
Incident Status	Initial C-141 Received

Location of Release Source

Please answer all the questions in this group.

Site Name	Llano Central PLC Failure
Date Release Discovered	06/27/2025
Surface Owner	Private

Incident Details

Please answer all the questions in this group.

Incident Type	Produced Water Release
Did this release result in a fire or is the result of a fire	No
Did this release result in any injuries	No
Has this release reached or does it have a reasonable probability of reaching a watercourse	No
Has this release endangered or does it have a reasonable probability of endangering public health	No
Has this release substantially damaged or will it substantially damage property or the environment	No
Is this release of a volume that is or may with reasonable probability be detrimental to fresh water	No

Nature and Volume of Release

Material(s) released, please answer all that apply below. Any calculations or specific justifications for the volumes provided should be attached to the follow-up C-141 submission.

Crude Oil Released (bbls) Details	Not answered.
Produced Water Released (bbls) Details	Cause: Equipment Failure Tank (Any) Produced Water Released: 10 BBL Recovered: 10 BBL Lost: 0 BBL.
Is the concentration of chloride in the produced water >10,000 mg/l	Yes
Condensate Released (bbls) Details	Not answered.
Natural Gas Vented (Mcf) Details	Not answered.
Natural Gas Flared (Mcf) Details	Not answered.
Other Released Details	Not answered.
Are there additional details for the questions above (i.e. any answer containing Other, Specify, Unknown, and/or Fire, or any negative lost amounts)	Not answered.

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QUESTIONS, Page 2

Action 483197

QUESTIONS (continued)

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QUESTIONS

Nature and Volume of Release (continued)	
Is this a gas only submission (i.e. only significant Mcf values reported)	No, according to supplied volumes this does not appear to be a "gas only" report.
Was this a major release as defined by Subsection A of 19.15.29.7 NMAC	No
Reasons why this would be considered a submission for a notification of a major release	Unavailable.
With the implementation of the 19.15.27 NMAC (05/25/2021), venting and/or flaring of natural gas (i.e. gas only) are to be submitted on the C-129 form.	

Initial Response

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

The source of the release has been stopped	True
The impacted area has been secured to protect human health and the environment	True
Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices	True
All free liquids and recoverable materials have been removed and managed appropriately	True
If all the actions described above have not been undertaken, explain why	Not answered.

Per Paragraph (4) of Subsection B of 19.15.29.8 NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please prepare and attach a narrative of actions to date in the follow-up C-141 submission. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see Subparagraph (a) of Paragraph (5) of Subsection A of 19.15.29.11 NMAC), please prepare and attach all information needed for closure evaluation in the follow-up C-141 submission.

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.

I hereby agree and sign off to the above statement	Name: Ralph Tijerina Title: Director of EH&S Email: rtijerina@goodnightmidstream.com Date: 07/09/2025
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QUESTIONS, Page 3

Action 483197

QUESTIONS (continued)

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	Action Number: 483197
	Action Type: [C-141] Initial C-141 (C-141-v-Initial)

QUESTIONS

Site Characterization	
<i>Please answer all the questions in this group (only required when seeking remediation plan approval and beyond). This information must be provided to the appropriate district office no later than 90 days after the release discovery date.</i>	
What is the shallowest depth to groundwater beneath the area affected by the release in feet below ground surface (ft bgs)	Not answered.
What method was used to determine the depth to ground water	Not answered.
Did this release impact groundwater or surface water	Not answered.
What is the minimum distance, between the closest lateral extents of the release and the following surface areas:	
A continuously flowing watercourse or any other significant watercourse	Not answered.
Any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)	Not answered.
An occupied permanent residence, school, hospital, institution, or church	Not answered.
A spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes	Not answered.
Any other fresh water well or spring	Not answered.
Incorporated municipal boundaries or a defined municipal fresh water well field	Not answered.
A wetland	Not answered.
A subsurface mine	Not answered.
An (non-karst) unstable area	Not answered.
Categorize the risk of this well / site being in a karst geology	Not answered.
A 100-year floodplain	Not answered.
Did the release impact areas not on an exploration, development, production, or storage site	Not answered.

Remediation Plan	
<i>Please answer all the questions that apply or are indicated. This information must be provided to the appropriate district office no later than 90 days after the release discovery date.</i>	
Requesting a remediation plan approval with this submission	No
<i>The OCD recognizes that proposed remediation measures may have to be minimally adjusted in accordance with the physical realities encountered during remediation. If the responsible party has any need to significantly deviate from the remediation plan proposed, then it should consult with the division to determine if another remediation plan submission is required.</i>	

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CONDITIONS

Action 483197

CONDITIONS

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	Action Number: 483197
	Action Type: [C-141] Initial C-141 (C-141-v-Initial)

CONDITIONS

Created By	Condition	Condition Date
nvez	None	7/9/2025