

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 509719

## QUESTIONS

|                                                                             |                                                       |
|-----------------------------------------------------------------------------|-------------------------------------------------------|
| Operator:<br>XTO ENERGY, INC<br>6401 Holiday Hill Road<br>Midland, TX 79707 | OGRID:<br>5380                                        |
|                                                                             | Action Number:<br>509719                              |
|                                                                             | Action Type:<br>[C-141] Cancellation Request (C-141C) |

## QUESTIONS

| Prerequisites     |                                         |
|-------------------|-----------------------------------------|
| Incident ID (n#)  | nVF1804054721                           |
| Incident Name     | NVF1804054721 2018 CCRA @ FVF1623531112 |
| Incident Type     | Unavailable.                            |
| Incident Status   | Closure Not Approved                    |
| Incident Facility | [FVF1623531112] XTO Burr CDP            |

| Location of Release Source |              |
|----------------------------|--------------|
| Site Name                  | Unavailable. |
| Date Release Discovered    | 01/01/1800   |
| Surface Owner              | Federal      |

| Determination of Cancellation                                                  |                                                                                                          |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Please answer all the questions in this group.                                 |                                                                                                          |
| Incident Cancel Reason                                                         | False incident; could not find reportable event                                                          |
| Please provide any additional details on why this incident should be cancelled | There are no details regarding this incident. The date, materials spilled, and volumes are not reported. |

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ACKNOWLEDGMENTS

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**ACKNOWLEDGMENTS**

|                                     |                                                                                                                                                                                                                                                                                                     |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I acknowledge that with this application I will be cancelling an existing incident file (assigned to this operator) for a release event, pursuant to 19.15.29 NMAC.                                                                                                                                 |
| <input checked="" type="checkbox"/> | I acknowledge that cancelling an incident file will require this operator to (re)file submission(s) of all/any C-141 forms (pursuant to 19.15.29 NMAC), and to create a new incident for the cancelled release event if necessary.                                                                  |
| <input checked="" type="checkbox"/> | I hereby certify the statements in this cancelling report are true and correct to the best of my knowledge and acknowledge that any false statement may be subject to civil and criminal penalties under the Oil and Gas Act.                                                                       |
| <input checked="" type="checkbox"/> | I acknowledge that the acceptance of any C-141 forms by the OCD does not relieve this operator of liability should their operations have failed to adequately investigate, report, and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment. |
| <input checked="" type="checkbox"/> | I acknowledge that OCD acceptance of any C-141 forms does not relieve this operator of responsibility for compliance with any other applicable federal, state, or local laws and/or regulations.                                                                                                    |

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CONDITIONS

Action 509719

CONDITIONS

|                                                                                 |                                                           |
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CONDITIONS

| Created By       | Condition                                                                                       | Condition Date |
|------------------|-------------------------------------------------------------------------------------------------|----------------|
| michael.buchanan | Cancellation request approved. Closure for the incident had been approved by OCD on 10/18/2027. | 11/10/2025     |