ConocoPhillips

HYDROGEN SULFIDE (H_2S) OPERATIONS

REACTION CONTINGENCY PLAN
FOR
East Vacuum CO_2 Reinjection/EVLRP and Buckeye, NM Production Areas

AS SPECIFIED BY OCD OF NEW MEXICO
RULE 118

CONOCOPHILLIPS COMPANY
MID AMERICA BUSINESS UNIT
PERMIAN ASSET AREA

September 3, 2003

Transmittal of
East Vacuum CO_2 Reinjection/EVLRP
H_2S Reaction Contingency Plan Revision

East Vacuum CO_2 Reinjection/EVLRP
H_2S Contingency Plan Book Holders:

Attached is a revised H_2S Contingency Plan according to the East Vacuum CO_2 Reinjection/EVLRP operated by ConocoPhillips Company.

If you have any questions regarding this plan, please call Sean Robinson at ConocoPhillips Company, (505) 396-7939.

Sean Robinson
HSE Specialist

ConocoPhillips Company

Lower 48/LA Division

Mid America BU

Permian Basin Asset Area

East Vacuum CO_2 Reinjection/EVLRP

H_2S REACTION CONTINGENCY PLAN

IN COMPLIANCE WITH NEW MEXICO OIL CONSERVATION COMMISSION RULE 118

DISTRIBUTION LIST FOR EAST VACUUM PLANT/BUCKEYE AREA

NEW MEXICO OIL CONSERVATION DIVISION – HOBBS	1
NEW MEXICO ENVIRONMENTAL DEPARTMENT	1
NEW MEXICO STATE POLICE	1
LEA COUNTY SHERIFF DEPARTMENT HOBBS AND LOVINGTON	2
LEA REGIONAL HOSPITAL	1
HOBBS FIRE DEPARTMENT	1
LOVINGTON FIRE DEPARTMENT	1
CONOCOPHILLIPS – ODESSA SAFETY DEPARTMENT	1
CONOCOPHILLIPS – PERMIAN ASSET MANAGER	1
CONOCOPHILLIPS – BUCKEYE SUPERVISOR	3
CONOCOPHILLPS – EAST VACUUM PLANT SUPERVISOR	6

REVIEW/REVISION RECORD

Review/Revision Date	By	Comments

*Note: Plan is to be reviewed annually by the Region Safety and Environmental Affairs Supervisor.

TABLE OF CONTENTS

I. PURPOSE

The purpose of the Contingency Plan is to provide an organized plan of action for alerting and protecting the public following the release of a potentially hazardous volume of hydrogen sulfide. This plan prescribes mandatory safety procedures to be followed in case of a release of H_2S into the atmosphere from exploration and production operations included in the scope of this plan. The extent of action taken will be determined by the supervisor and will depend on the severity and extent of H_2S release as defined by current New Mexico Oil Conservation Division Rule 118 and New Mexico Environmental Regulations. Release of H_2S must be reported and the Incident Log maintained.

II. SCOPE

This Reaction Contingency plan shall cover the East Vacuum CO_2 Reinjection/EVLRP and surrounding area, which contains gas with the specified H_2S content (refer to Section VIII: H_2S Reporting Form) and could result in the listed maximum radius of exposure. Radius of exposure is defined as the maximum distance from the source of release that a specified calculated average concentration of H_2S could exist under specific weather conditions.

III. PROCEDURES

First Employee on Scene

—— Assess the incident and ensure your own safety.

Note the following:

—— Location of the incident.
—— Nature of the incident.
—— Wind direction and weather conditions.
—— Other assistance that may be needed.

—— Call local supervisory personnel (refer to Section V: Emergency Call List) until personal contact is made with a person on the list.

—— Perform emergency assessment and response as needed (refer to Section IX: Plat of Radius of Exposure.) The response may include rescue and/or evacuation of personnel, shutting in a system and/or notification of nearby residents/public (refer to Section VII: Public Notification/Evacuation).

—— Secure the site.

—— Follow the direction of the On-scene Incident Commander (first ConocoPhillips supervisor arriving on-scene).

First Supervisor on Scene (ConocoPhillips On-scene Incident Commander)

—— Becomes ConocoPhillips' On-scene Incident Commander upon arrival to location.

—— Follow the principles of the **D.E.C.I.D.E.** process below to assess the incident. (Note wind direction and weather conditions and ensure everyone's safety).

DETECT the problem
ESTIMATE likely harm without intervention
CHOOSE response objectives
IDENTIFY action options
DO the best option
EVALUATE the progress

—— Complete the Preliminary Emergency Information Sheet (refer to Section X: Forms/Reports).

—— Call your supervisor (refer to Section V: Emergency Call List).

—— Perform emergency response as necessary. (This may include notification & evacuation of all personnel and/or nearby residents/public (refer to Section VII: Public Notification/Evacuation), requesting assistance from ConocoPhillips personnel or outside agencies (refer to Section V: Emergency Call List) and obtaining any safety equipment that may be required (refer to Section IV: Emergency Equipment and Maintenance).

—— Notify appropriate local emergency response agencies of the incident as needed (refer to Section V: Emergency Call List).

—— Ensure site security.

——Set barricades and /or warning signs at or beyond the calculated 100 ppm H_2S radius of exposure (ROE). All manned barricades must be equipped with an H_2S monitor and a 2-way radio.

——Set roadblocks and staging area as shown on the "Radius of Exposure Plats" (refer to Section IX: Plat of Radius of Exposure).

—— Establish the Incident Command Structure by designating appropriate on-scene response personnel as follows:

Recording Secretary _____
Public Information Officer _____
Safety/Medical Officer _____
Decontamination Officer _____

—— Have the "Recording Secretary" begin documenting the incident on the "Incident Log" (refer to Section X: Forms/Reports).

—— If needed, request radio silence on all channels that use your radio tower stating that, until further notice, the channels should be used for emergency communications only.

—— Perform a Site Characterization and designate the following:

Hot Zone -- Hazardous Area
Warm Zone -- Preparation & Decontamination Area
Cold Zone -- Safe Area

AND

On-Scene Incident Command Post	(Cold Zone)
Public Relations Briefing Area	(Cold Zone)
Staging Area	(Cold Zone)
Triage Area	(Cold Zone)
Decontamination Area	(Warm Zone)

_____ Refer all media personnel to ConocoPhillips' On-Scene Public Information Officer (refer to Section VI: Public Media Relations).

_____ Coordinate the attempt to stop the release of H_2S. You should consider closing upstream and downstream valves to shut-off gas supply sources, and/or plugging or clamping leaks. Igniting escaping gas to reduce the toxicity hazard should be used **ONLY AS A LAST RESORT**. (It must first be determined if the gas can be safely ignited, taking into consideration if there is a possibility of a widespread flammable atmosphere.)

_____ Once the emergency is over, return the situation to normal by:

Confirming the absence of H_2S and combustible gas throughout the area,

Discontinuing the radio silence on all channels, stating that the emergency incident is over,

Removing all barricades and warning signs,

Allowing evacuees to return to the area, and

Advising all parties previously notified that the emergency has ended.

_____ Ensure the proper regulatory authorities/agencies are notified of the incident (refer to Section V: Emergency Call List).

_____ Clean up the site. (Be sure all contractor crews have had appropriate HAZWOPER training.)

_____ Report completion of the cleanup to the Region Environmentalist. (He will report this to the proper State and/or Federal agencies.)

_____ Fill out all required incident reports and send originals to the Safety Department. (Keep a copy for your records.)

- Company employee receiving occupational injury or illnesses.

- Company employee involved in a vehicle accident while driving a company vehicle.

- Company property that is damaged or lost.

- Accident involving the public or a contractor; includes personal injuries, vehicle accidents, and property damage. Also includes any situation, which could result in a claim against the Company.

- Hazardous Material Spill/Release Report Form

- Emergency Drill Report

_____ Assist the Safety Department in the investigation of the incident. Review the factors that caused or allowed the incident to occur, and modify operating, maintenance, and/or surveillance procedures as needed. Make appropriate repairs and train or retrain employees in the use and operation of the system.

_____ If this incident was simulated for practice in emergency response, complete the Emergency Drill Report found in Section X: Forms/Reports and submit a copy to the Operations Manager. (Keep one copy in area files to document exercising of the plan.)

IV. EMERGENCY EQUIPMENT and MAINTENANCE

Emergency Equipment Suppliers

Vallen Safety Supply, Odessa (915) 561-8419
(915) 557-5751

H_2S monitors (personal & fixed)
Breathing air including cascade systems
Safety Equipment
First aid and medical supplies

Callaway Safety Equipment Co., Inc. (915) 561-5049 Odessa
(505) 392-2973 Hobbs
(505) 885-5799 Carlsbad

H_2S monitors
Breathing air includes cascade systems
Fire fighting equipment
First aid and medical supplies
Safety equipment

Leek Fire & Equipment Company, Odessa (915) 362-1207
(915) 332-7645

H_2S monitors
Breathing air
Fire fighting equipment
First aid and medical supplies
Safety equipment

Thompson Specialties, Odessa (915) 337-3891

H_2S monitors
Breathing air
Fire fighting equipment
First aid and medical supplies
Safety equipment

Donaldson Fire & Safety, Odessa (915) 334-8523

H_2S monitors
Breathing air including trailer-mounted cascade refill tanks
Fire fighting equipment

Indian Fire & Safety, Hobbs (505) 393-3093

H_2S monitors (personal & fixed)
Breathing air including cascade systems trailer mounted
30 minute air paks
Safety Equipment

Emergency Equipment and Maintenance (continued)

Fire Protection

Available for use in fighting incipient stage fires at various locations covered by this plan are approximately 60 ConocoPhillips employees who have been trained in fire-fighting techniques common to the industry. These employees may be called for duty from maintenance, field, and production groups throughout the Permian Basin South Eastern New Mexico Area.

Personnel of the facility experiencing the fire emergency will use the fire equipment in the capacity in which they have been trained. The only exception to this rule would be when a fire truck or pumping unit is dispatched to the scene and the driver or operator of this equipment will remain the operator of said under direction of the ConocoPhillips' supervisor.

General Information

Materials used for repair should be suitable for use where H_2S concentrations exceed 100 ppm. In general, carbon steels having low-yield strengths and a hardness below RC-22 are suitable. The engineering staff should be consulted if any doubt exists on material specifications.

Appropriate signs should be maintained in good condition at lease entrances, wells, tank batteries, flow lines, gas lines, and other locations as specified in NMOCD Rule 118.

All notification lists should be kept current with changes in names, telephone numbers, etc.

All shutdown devices, alarms, monitors, breathing air systems, etc., should be maintained in accordance with applicable regulations.

All personnel working in H_2S areas shall have received training on the hazards, characteristics, and properties of H_2S, and on procedures and safety equipment applicable for use in H_2S areas.

Emergency Equipment and Maintenance (continued)

Quantity	Equipment Description
2	Fixed H_2S monitors are located on the south side of Vacuum Glorieta East Unit East Battery.
1	Fixed H_2S monitor is located on the north side of Vacuum Glorieta East Unit West Battery.
1	Fixed H_2S monitor is located on the Vacuum Abo Battery number 4.
4	30-minute Scott Air-Paks at EVGSAU CO_2 Plant.
5	30-minute Scott Air-Paks at field production office.
2	Unit mounted equipped with 300 cu. ft. breathing air cylinder w/50' air hose w/dual connection.
6	300 cu. Ft. cylinders with the above safety trailer.
2	Scott hoseline units with 5-min. Ska-Paks with the above safety trailer.
3	II-A, 30-minute Scott Air-Paks with the above safety trailer.
	30 min. Scott Air Pak available in each vehicle unit.

Note: Industrial Scientific HS-110, T-80, HS-560 single gas, HMX-271, TMX-410 and TMX-412 multi gas monitors and the BW Technologies H2S ToxyClip personal monitor are available to field personnel working within the S.E. New Mexico Area.

EMERGENCY EQUIPMENT AND MAINTENANCE (Continued)

Fresh Air Breathing Equipment Available (ConocoPhillips)

Below is a list of safety equipment available to the East Vacuum CO_2 Reinjection/EVLRP.

Equipment	Location	Telephone
1 - 300 cu. ft. breathing air cylinder w/50' air hose with dual connections.	**Vacuum Glorieta East Unit**	**Emergency Contact Tommy Brooks**
1 - 300 cu. ft. breathing air cylinders w/50' air hose with dual connections.	**Vacuum Glorieta East Unit West Battery.**	**Office (505) 396-7909 Cellular (505) 390-3275 Home (505) 397-2660**
Fixed H_2S Monitors w/sensor head (County Rd. No. 50)	**Vacuum Glorieta East Unit Vacuum Abo Battery #4**	
1 - cascade breathing air system containing: 4 - 300 cu. ft. cylinders. 1 – Portable airline system (without cylinder) 1 - Spare 30 min cylinder 4 – 2.2-30 min. Scott Air Paks 2 - Scott 5 minute Ska-Paks. 1 - 25' air hose 1 - 100' extension cord	**Safety Air Trailer** **Located at Buckeye New Mexico Field Office**	**Steve Wilson** **Office:** (505) 396-7962 **Cellular:** (505) 390-3106 **Home:** (505) 392-1877

V. EMERGENCY CALL LIST: ConocoPhillips Personnel

The following is a priority list of personnel to contact in an emergency situation:

Local Supervisory Personnel	Office No.	Home	Pager/Cellular/ Mobile Overdial
H.L. Owens, Supervisor Plant Process (After normal duty hours, call East Vacuum CO2 Plant @ (505) 396-7923 for emergency calls)	(505) 396-7934	(505) 392-8638	**C** (505) 390-8300 **M** 1234 / 2F **P** 1-800 585-4572
Tommy Brooks Production Supervisor	(505) 396-7909	(505) 397-2660	**C** (505) 390-3275 **P** 1-800 588-8773
Sean Robinson SHEAR Specialist	(505) 396-7937	(505) 396-3256	**C** (505) 390-8873 **P** 1-800 348-4620
Steve Wilson Environmentalist	(505) 396-7962	(505) 392-1877	**C** (505) 390-3106
Greg Ashdown NM Operations Manager	(505) 391-3124	(505) 397-2467	**P** 1-888 385-1908 **C** (505) 390-1710
Jack Drake Production Engineer	(432) 368-1459	(432) 699-6713	**C** (505) 390-3414
Tad Buchanan Safety and Environmental Coordinator	(432) 368-1384	(432) 697-6500	**C** (432) 631-0039 **P** (432) 499-5625

To reach the mobile tower, dial Hobbs (505) 397-5599 or (505) 397-5502, Maljamar Tower (505)396-7953; at the tone, dial the 4 digit tower over-dial number. Note: If unable to notify above personnel, call the **24 Hour Emergency Telephone Number: EVLRP/CO_2 Control Room (505) 396-7923**

EMERGENCY CALL LIST: State Officials

Regulatory Agencies

New Mexico Oil Conservation Commission — Office: (505) 393-6161
P. O. Box 1980
Hobbs, New Mexico 88240-1980

New Mexico Environmental Improvement Board — Office: (505) 827-0042
1190 St. Francis Drive
Santa Fe, New Mexico 87504

New Mexico Environment Department — Office: (505) 393-4302

New Mexico One Call — Office: (800) 321-2537
Fax: (800) 260-0950

EMERGENCY CALL LIST: Local Officials

Local Emergency Calls:

Law Enforcement Agencies
New Mexico State Police — Hobbs: (505) 392-5588
P. O. Box 1980
Hobbs, New Mexico 88240-1980

New Mexico Environment Department — Office: (505) 393-4302

EMERGENCY CALL LIST: Support Services

Note: This is also the distribution list for East Vacuum CO_2 Reinjection/EVLRP Reaction Type Contingency Plan

New Mexico Environmental Improvement Board
1190 St. Francis Drive
Santa Fe, New Mexico 87504

Lt. Jerry Cottrell
New Mexico State Police
P. O. Box 1069
Hobbs, New Mexico 88240

W. N. Braswell, M.D.
1801 Dal Paso
Hobbs, New Mexico 88240

Lovington Fire Department
Perry Williams, Fire Chief
213 S. Love Street
Lovington, New Mexico 88260

Lovington Emergency Medical Service
213 S. Love Street
Lovington, New Mexico 88260

Lea Regional Hospital
Lovington Highway
Hobbs, New Mexico 88240

Attachment 2

NOTIFICATION OF OFFSET OPERATIONS
East Vacuum CO2/EVLRP

ChevronTexaco
205 East Bender
Hobbs, NM 88240

ExxonMobil
717 West Sanger
Hobbs, NM 88240

Marathon Oil Company
2350 West Marland Blvd
Hobbs, NM 88240

Shell Western E & P
P.O. Box 1950
Hobbs, NM 88240

Oxy USA, Inc
P.O. Box 50250
Midland, TX 79710

BP Amoco
1017 West Stanolind Road
Hobbs, NM 88240

Arco Oil & Gas Company
P.O. Box 1710
Hobbs, NM 88240

Yates Petroleum Company
105 South 4th Street
Artesia, NM 88210

VI. Public Media Relations

The **Public Information Officer** becomes the ConocoPhillips on-scene contact (once designated by the Phillips On-Scene Incident Commander).

Confers with Houston Office's Human Relations Representative, who is responsible for assisting in the coordination of local public relations duties.

Answer media questions honestly and **only with facts,** do not speculate about the cause, amount of damage, or the potential impact of the incident of the community, company, employees, or environment. (This information will be formally determined in the incident investigation.)

If you are comfortable answering a question or if you are unsure of the answer, use terms such as the following:

- "I do not know. I will try to find out."
- I am not qualified to answer that question, but I will try to find someone who can."
- "It is under investigation."

Note:
Do Not Say "No Comment." (This implies a cover-up.)

Do Not Disclose Names of Injured or Dead! Confer with the Houston Office's Human Relations Representative, who is responsible for providing that information.

VII. Public Notification/Evacuation

Alert and/or Evacuate People Within the Exposure Area

1. Public Notification – If the escape of gas could result in a hazard to area residents, the general public, or employees, the person **first** observing the leak should take **immediate** steps to cause notification of any nearby residents as noted in Section IX: Plat of Radius of Exposure. The avoidance of injury or loss of life should be of prime consideration and given top priority in all cases. The map in Section IX indicates areas of public dwellings or public areas, which are in the radius of exposure covered by this Reaction Contingency Plan. If the incident is of such magnitude or at such location as to create a hazardous situation, local authorities will be requested to assist in the evacuation and roadblocks of the designated area until the situation can be returned to normal. If such evacuation procedure is implemented or public roads require blockage (refer to Section IX), the applicable New Mexico Oil Conservation Commission and the New Mexico Environment Department will be notified immediately.

Note: Bilingual employees may be needed to assist in notification of residents.

2. Evacuation Procedures – Evacuation will proceed upwind from the source of the release of H_2S. Extreme caution should be exercised in order to avoid any depressions or low-lying areas in the terrain. The public area within the radius of exposure should be evacuated in a southwesterly and southeasterly direction so as to avoid the prevailing southern wind direction.

   Roadblocks and the staging area should be established as shown on the Radius of Exposure area should be established as show on the Radius of Exposure Map in Section IX, modified as necessary for current wind conditions.

At all times, note the wind direction before evacuation procedures begin. Listed below are the annual percentiles of prevailing wind directions in the Permian Basin Area:

At all times, note the wind direction before evacuation procedures begin. Listed below are the annual percentiles of prevailing wind directions in the Permian Basin Area:

Due South	24%
Southeast	15%
Due North	12%
Northeast	11%
Southeast	10%
Northwest	10%
Due East	8%
Due West	8%
Calm	3%

Note: In all situations, consideration should be given to wind direction and weather conditions. H_2S is heavier than air and can settle in low spots. Shifts in wind direction can also change the location of possible hazardous areas.

Submit 1 copy to Appropriate
District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form Adopted 1987
Form Revised 1990
File in Accordance
With Rule 118

H_2S REPORTING FORM

OPERATOR Phillips Petroleum Company

ADDRESS 4001 Penbrook, Odessa, TX 79762

East Vacuum Unit - CO_2 Reinjection/EVLRP
(Pool, Plant, or Facility Name)

Lease, Plant or Facility	Well No.	Sampling Point (Tank, Separator, etc.)	Location UL-S-T-R	Name of Tester	Test Method	Test Date	H_2S Concentration (Report in PPM Volume if Available
Facility		Plant Inlet	A&B S33, 17S, 35E Lea County	Laboratory Services	Tutweiler	9/18/96	12,243 ppm

REMARKS:

Signature David Unger/per attachment

Printed Name and Title Production Tech.

Date 9/18/96 Telephone No. (915)368-1461

Laboratory Services, Inc.
4016 Fiesta Drive
Hobbs, New Mexico 88240

Telephone: (505) 397-3713

FOR: ConocoPhillips
Attention: Mr. Lee Owens
HC 60 Box 450
Lovington, New Mexico 88260

SAMPLE DATA: DATE SAMPLED: 8/14/03 10:45 am
ANALYSIS DATE: 8/14/03
PRESSURE – PSIG
SAMPLE TEMP. °F
ATMOS. TEMP. °F 78

REMARKS: H2S = 11,743 PPM

SAMPLE:
IDENTIFICATION: Plant Inlet
COMPANY: ConocoPhillips
LEASE:
PLANT: E. Vacuum CO2 Plant

GAS (XX) LIQUID ( )
SAMPLED BY: Rolland Perry
ANALYSIS BY: Vickie Biggs

COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide	(H2S)	1.174	
Nitrogen	(N2)	1.726	
Carbon Dioxide	(CO2)	76.086	
Methane	(C1)	8.771	
Ethane	(C2)	4.645	1.239
Propane	(C3)	3.671	1.009
I-Butane	(IC4)	0.489	0.160
N-Butane	(NC4)	1.380	0.434
I-Pentane	(IC5)	0.463	0.169
N-Pentane	(NC5)	0.519	0.188
Hexane Plus	(C6+)	1.076	0.467
		100.000	3.666

BTU/CU.FT. – DRY	422
AT 14.650 DRY	421
AT 14.650 WET	413
AT 14.73 DRY	423
AT 14.73 WET	416

MOLECULAR WT. 41.5813

SPECIFIC GRAVITY –
CALCULATED 1.434
MEASURED

VALVE LOCATIONS FOR EMERGENCY SHUTDOWNS
H_2S RADIUS OF EXPOSURE
— EAST VACUUM CO_2 REINJECTION PLANT/EVLRP —

INSTRUCTIONS- TO BE FOLLOWED DURING EMERGENCY

1. In case of fire or other emergencies, sound the alarms and then notify Operations Superintendent, or Maintenance Foreman.
2. The operator on duty in the area where the emergency occurs will be in charge until he is relieved by a supervisor.
3. The operator who is not working in the emergency area will see that all gates are closed- then he will assist where needed.
4. The operators should proceed to make any changes in operation that are deemed necessary.
5. When fires occur, boilers should be left operating if at all possible to assist in combating the emergency.
6. When notified of emergency, all personnel should report to plant fire house and aid in the combating of the emergency.
7. Road blocks, if necessary, will be set up to adequately clear company property. Only authorized personnel will be admitted through the road blocks.

   Authorized personnel will include Exploration and Production Dept. personnel and emergency vehicles (ambulances, municipal fire fighting equipment, and law enforcement personnel.)
8. Plant personnel will not attempt to give out information pertaining to the emergency to any non-employee. The Plant Superintendent or personnel so designated in the Phillips Emergency Procedure (PEP) are the only ones who should provide news information to outsiders. News provided by those authorized should be in accord with procedures outlined in PEP.
9. In event of injuries or loss of life, the names will be withheld until next of kin are notified by proper company officials.
10. All radio-equipped vehicles should report to plant office for assignment.
11. Persons to be notified in event of an emergency:

    PRODUCTION SUPERINTENDENT — ENGINEERING DIRECTOR

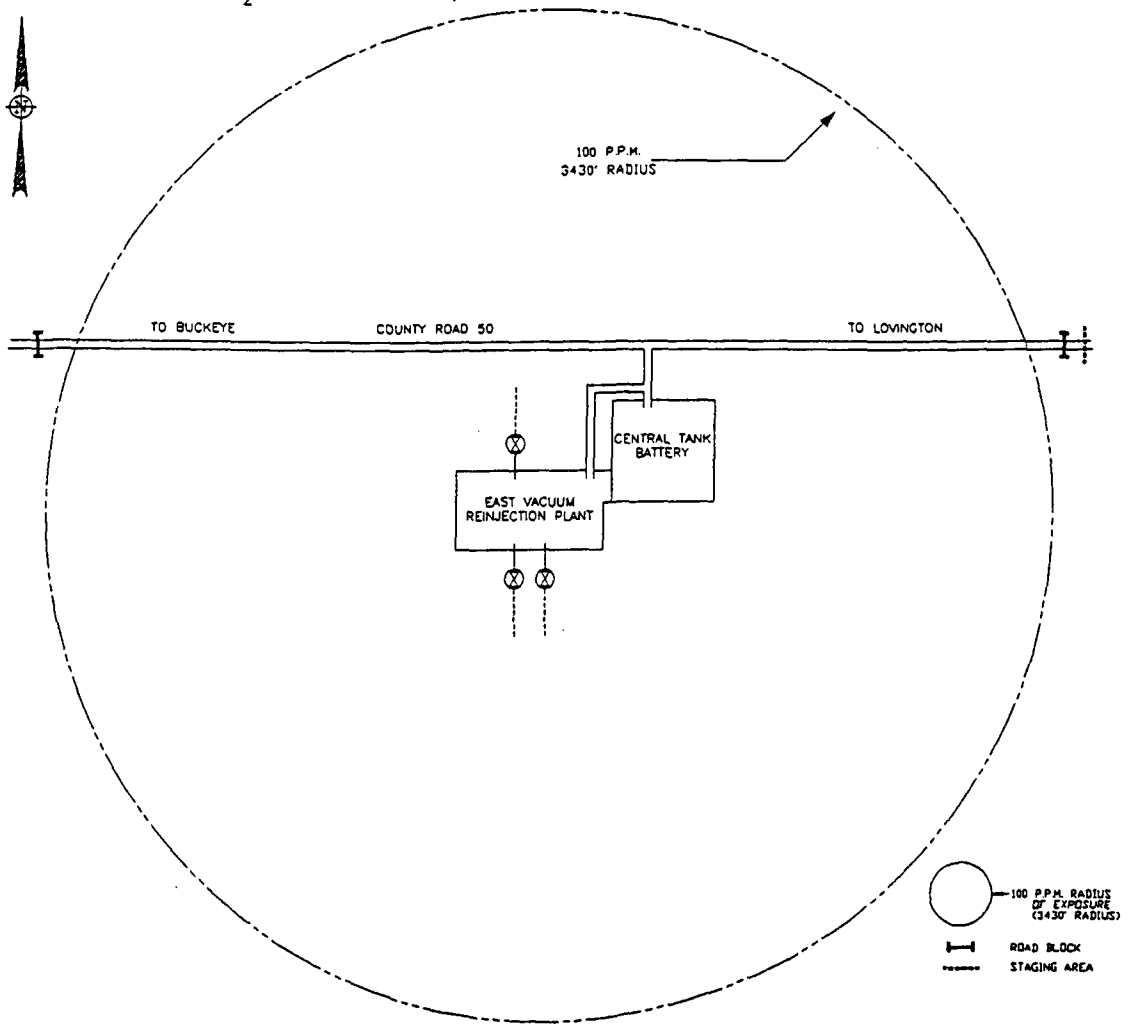
    PRODUCTION MANAGER — SAFETY SECTION
12. Personnel who are fighting a fire must consider the safety of themselves and others. The following is a list of safety precautions to be taken:

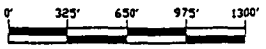
    A. Avoid being trapped by the fire.

    B. Fight the fire from an up-wind position.

    C. Take note of any flame impingement on vessels.

    D. If there is a possibility of vessel or line failure, evacuate the danger area. Vessels containing flammables under pressure that have been absorbing heat from an intense fire (without being cooled) are considered to be extremely hazardous.





NOTES:

NUMBER	REFERENCE DRAWINGS	REV.	DATE	REVISION	DRAWN	CHK'D	APPR.
		1	11/26/90	ADDITIONAL ROADBLOCKS	RTE		
		2	3/19/93	UPDATED H_2S RADIUS EXPOSURE	LVS		

RMF DESIGN & INSPECTION, INC.

PHILLIPS PETROLEUM COMPANY
PERMIAN BASIN REGION
ODESSA, TEXAS

SCALE: SEE SCALE BAR | DRAWN: DCP
CHECKED: | DATE: 8/15/90

VALVE LOCATIONS FOR EMERGENCY SHUTDOWNS
H_2S RADIUS OF EXPOSURE
EAST VACUUM CO_2 REINJECTION PLANT

GWD-427-M36 /1

EVCO02.DWG

X. FORMS & REPORTS

I. Incident Log

II. Preliminary Emergency Information Sheet

III. Emergency Drill Report

IV. Onshore Hazardous Material Spill/Release Report Form

V. Immediate Report of Occupational Injury or Illness
Report of Accident-Public Contractor"
Report of Loss or Damage to Company Property

VI. Vehicle Accident Report

INCIDENT LOG

INCIDENT AND LOCATION ______________________________

Date	Time	Agency and Person Contacted	Action Taken or Remarks	Signature

PRELIMINARY
EMERGENCY INFORMATION SHEET

1. Type of emergency: _____

2. Facility: _____

3. Time of occurrence: _____

4. Location

   Nearest town: _____

   Directions to location: _____

   _____

   Nearest airport: _____

   Shore base: _____

   Water depth: _____

5. Present Dangers

   Fire: _____

   Explosion: _____

   Hydrogen Sulfide: _____

   Pollution: _____

   Other: _____

6. Casualties: Dead: _____ Injured: _____

7. Person in charge: _____ City: _____

   Home phone: _____

   Office phone: _____

8. Remarks: (Reg. Agencies Notified, Actions to be Taken, Specialists Called, etc.)

_____

_____

_____

EMERGENCY DRILL REPORT

Location: _____

Date of Drill: _____ Time Started: _____ A.M./P.M. Time Completed: _____ A.M./P.M.

Simulated Emergency (describe briefly): _____

_____

_____

Emergency Equipment Used: _____

_____

_____

Did Emergency Equipment Operate Properly: _____If not, list any problems and Corrective Action: _____

Elapsed Time from Start of Drill Until:

Fire Pump Started: _____

Water or Fire Extinguisher Put in Use: _____

Valves Operated and Tagged: _____

Other (describe): _____

Were you Satisfied with Drill? _____Explain Answer: _____

_____

What Changes, if any, Do You Plan or Recommend in the Next Drill? _____

_____

_____

List Any valves that were Inoperable: _____

_____

List of Personnel Participating: _____

_____

_____

_____ _____

Supervisor District Manager

cc: Region Safety Office
Region Manager

Spill Report

Facility		Wellhead / Header	
Always identify the Facility (single well / battery) that a spill would be associated with. If release occurred from a pipeline, in addition to identifying the facility, also identify the Wellhead or Header to which it is connected.		Lease	
County		Date and Time Discovered	
Person Generating Report		Discharge Discovered By:	
Date and Time Discharge Began (if known)		Date and Time Discharge Ended (if known)	

Substance and Volume

This spill involved (check both if needed) ☐ Liquid ☐ Gas

Gas Volume Released		MCF from leak		MCF from blowdown

Substance Spilled	Amount Spilled	Units mark one		Amount Recovered	Units mark one	
Oil (cond. or crude)		☐ bbls	☐ gal		☐ bbls	☐ gal
Produced Water		☐ bbls	☐ gal		☐ bbls	☐ gal
Oil-based Mud		☐ bbls	☐ gal		☐ bbls	☐ gal
Water-based Mud		☐ bbls	☐ gal		☐ bbls	☐ gal
Chemical		☐ bbls	☐ gal		☐ bbls	☐ gal
Chemical Name:						
Other		☐ bbls	☐ gal		☐ bbls	☐ gal
Specify:						

Risk Factors

Did the spill cause a sheen on Navigable Waters?	☐ yes	☐ no
Was spill contained within diked area? (liquid spills only)	☐ yes	☐ no
Is there a public area (town, road, house, etc.) within ¼ mile?	☐ yes	☐ no
Did spill impact Groundwater?	☐ yes	☐ no
Surface Area Affected (ft^2)		
Est. Spill Cost (supervisor to fill in)		

Vegetation / Land Affected
- ☐ Caliche/Prepared Surface
- ☐ Limited Vegetation
- ☐ Cropland

Wildlife/Livestock Affected
- ☐ No impact
- ☐ Affected (no animals killed)
- ☐ Significant impact (animals killed)

Failure Source -- PIPELINE

inch Flowline	feet	☐ N ☐ S ☐ W ☐ E	of	Well / Header ☐ Facility ☐

☐ Buried ☐ Surface ☐ Steel ☐ Fiberglass ☐ Transite ☐ Plastic ☐ Externally coated

Was the Line Chemically Treated? ☐ yes ☐ no

Possible Reasons for Failure - (choose all that apply)

☐ Internal Corrosion	☐ Instrumentation
☐ External Corrosion	☐ Weather
☐ Pressure	☐ Age
☐ Mechanical	☐ Vandalism
☐ Fatigue	☐ Inadequate Training

Failure Source - OTHER

☐ Tank	☐ Wellhead/Stuffing Box	☐ Vessel Piping	☐ Line Connection Failure
☐ Tank Piping	☐ Chemical Storage Containers	☐ Vessel (dehy, stack pack, line heater, etc.)	☐ Breach of Reserve Pit/Cellar

☐ Other - explain

Immediate Action Being Taken:	
Root Cause(s):	
Corrective Action(s):	

ConocoPhillips

Incident Report Form

Revised: 3-2003

SECTION 1

Business Unit:

Area of Business: ☐ Operations & Maintenance ☐ Drilling ☐ Well Servicing ☐ Exploration Drilling ☐ Projects

Incident Location: _____ **Reported by:** _____

Date and Time of Incident: _____ **Company:** _____

SECTION 2

Probable Classification: ☐ Fatal ☐ LWC ☐ RWC ☐ MTC ☐ FAC ☐ PD ☐ NM ☐ ENV ☐ NON

Recordable Incidents

Descriptions: Fatal - Fatality LWC – Lost Workday Case, RWC – Restricted Workday Case, MTC – Medical Treatment Case, FAC – First Aid Case, PD – Property Damage, NM – Near Miss, ENV – Environmental, NON – Nonoccupational

Severity Potential Rating: ☐ 1 ☐ 2 ☐ 3 ☐ 4

SECTION 3

Description of Incident:

SECTION 4

Nature of Injury / Illness

- ☐ Bite, Sting
- ☐ Burn: Hot, Cold, Chemical, Scald
- ☐ Cut, Laceration, Puncture
- ☐ Bruise
- ☐ Electric Shock
- ☐ Exhaustion, Heat Stroke
- ☐ Fracture, Crush, Dislocate
- ☐ Lung problem
- ☐ Scrape, Scratch, Abrasion
- ☐ Sprain, Strain, Torn
- ☐ Other injuries
- ☐ Other illnesses

Parts of Body

- ☐ Skull
- ☐ Ear
- ☐ Eye
- ☐ Face
- ☐ Nose
- ☐ Mouth/Teeth
- ☐ Neck/Throat
- ☐ Shoulder
- ☐ Arm
- ☐ Back
- ☐ Hand
- ☐ Finger
- ☐ Wrist
- ☐ Thigh
- ☐ Hip
- ☐ Leg
- ☐ Knee
- ☐ Foot
- ☐ Toe
- ☐ Chest
- ☐ Respiratory
- ☐ Digestive
- ☐ Groin
- ☐ Other _____

Treatment Given:

Name of Person Administering Treatment

Type of Treatment:

- ☐ None
- ☐ Company Doctor
- ☐ In-plant First Aid
- ☐ Outside Doctor
- ☐ Self
- ☐ Hospitalization

SECTION 5

Loss/Damage: **Property Damage $** _____

Does this incident require a Management Review: ☐ Yes ☐ No

Signed: _____ *Supervisor* **Print Name:** _____ **Date:** _____

Title: _____ **Phone:** _____

SECTION 6

Injured Person's Name: _____ **Date of Birth:** _____

Address:

Time Employee Began Work: _____ **AM/PM**

Date Hired: _____

Home Phone No.: _____ **Occupation of Injured Person:** _____

Employer's Name: _____ **ConocoPhillips Empl No.:** _____

Witness: _____ _____

Witness Name *Company*

Section 7 to 9 should be completed after Investigation.

SECTION 7

Type of Incident:

- ☐ Caught, Pinched between objects
- ☐ Fall
- ☐ Object dropped, released, or thrown
- ☐ Fire, Flame, Intense heat
- ☐ Load-lifting
- ☐ Chemicals
- ☐ Heat or cold
- ☐ Struck by
- ☐ Other

Unsafe Acts and Conditions: (Check all that apply)

- ☐ Employee did not recognize hazard
- ☐ JSA did not address hazard
- ☐ Sense of urgency
- ☐ Procedure not followed
- ☐ JSA not followed
- ☐ PPE not used or inadequate
- ☐ Defective equipment
- ☐ Proper tool/equipment not used
- ☐ Design deficiencies
- ☐ Poor access to equipment
- ☐ Equipment not maintained
- ☐ Failure of safety device/system
- ☐ Poor housekeeping
- ☐ Communication ineffective
- ☐ Poor weather conditions:
- ☐ Other:

SECTION 8

Immediate Actions Taken:

SECTION 9

Investigation Team Lead: _____

Comments by ConocoPhillips Site Supervisor:

All Actions Have Been Completed: ☐ **Yes** ☐ **No** _____ _____

Signature *Date*

ConocoPhillips

ConocoPhillips Company
EP L48 LA
Report of Automotive Accident

A. Date and Time of Accident

Date of accident	Day of week	Hour (military time preferred)

B. Where Accident Occurred

City or town	County/Parish	State
Location (street, road or intersection)		Distance from nearest town (if outside limits)
Other		

C. Company Vehicle (No. 1)

Purpose of trip ☐ Company business ☐ Personal business		Legal owner of vehicle	
Base location of vehicle	Company unit no.(s)	Department	
Name of driver	Age / Social Security no. - -	Driver's department (if different)	
Driver's headquarters (terminal/facility)	Other occupant's name	Occupant company employee ☐ Yes ☐ No	
Driver's home address	City	State	Zip -
Vehicle description (year, make, model, including trailer)	Estimated damage $		
Has vehicle/unit been repaired ☐ Yes ☐ No	**Cost** $		

D. Other Vehicle (No. 2) ☐ Pedestrian ☐ Train ☐ Bicyclist

Name of driver/operator	Age / Phone no. ( ) -	Driver licensed ☐ Yes ☐ No	License no.
Legal owner of vehicle	Estimated damage to vehicle $	Has vehicle been repaired ☐ Yes ☐ No, for $	
Owner's address	City, state ,	Zip -	Owner's phone no. ( ) -
Vehicle description (year, make, model)		License tag (year, number, state)	
Insurance carrier		Policy no.	
Agent's name and location		Agent's phone no. ( ) -	
Name(s) of other occupant(s) in Unit No. 2			

E. Post Accident Communication

What did driver of Unit No. 2 say after accident?

Contact with No. 2 insurance representative?
☐ Yes ☐ No
(explain)

Has COPC insurance carrier been contacted ☐ Yes ☐ No	**Insurance office where report was filed-City**	**State**

F. Property Damage Other Than Vehicle

Describe	Estimated cost $
Owner's name and address	Owner's phone ( ) -

G. Witnesses (Attach cards if available)

Name 1.	Phone ( ) -	License tag (year, number, state)	
Address	City	State	Zip -
Name 2.	Phone ( ) -	License tag (year, number, state)	
Address	City	State	Zip -

H. Personal Injuries

Name, Address 1.		☐ Driver ☐ Pedestrian ☐ Passenger In vehicle no.:
Nature of injuries	Taken for treatment to	
Name, Address 2.		☐ Driver ☐ Pedestrian ☐ Passenger In vehicle no.:
Nature of injuries	Taken for treatment to	

Environmental Conditions

Character of Road
(Check two)
☐ Straight road
☐ Curve
☐ Level
☐ On grade
☐ Hillcrest

Surface Condition of Road
(Check one)
☐ Dry
☐ Wet
☐ Muddy
☐ Snowy
☐ Icy

Road Surface
(Check one)
☐ Concrete
☐ Blacktop
☐ Brick
☐ Gravel
☐ Dirt
☐ _____
Specify Other

Road Defects
(Check one or more)
☐ Defective shoulders
☐ Holes, deep ruts, Bumps, etc.
☐ Loose material on surface
☐ Under construction
☐ Specify Other
☐ No Defects

Light
(Check one)
☐ Daylight
☐ Dark
☐ Dusk
☐ Dawn
☐ Darkness - street lights
☐ Darkness- no streets lights

Weather
(Check one)
☐ Clear
☐ Raining
☐ Snowing
☐ Fog
☐ _____
Specify Other

Driver Vision Obscured
(Check one or more in each section)

Driver 1	2		Driver 1	2	
☐	☐	Rain, snow, etc., on windshield	☐	☐	Trees, crops,
☐	☐	Windshield otherwise	☐	☐	Building
☐	☐	obscured	☐	☐	Embankment
☐	☐	Vision obscured by load on vehicle	☐	☐	Signboard
☐	☐	_____ Specify Other	☐	☐	Hillcrest
			☐	☐	Parked vehicles
			☐	☐	Moving vehicles
			☐	☐	_____ Specify Other
☐	☐	Vision not obscured	☐	☐	Not obscured

What Drivers Were Doing

Driver (Check one for each driver) 1	2		Driver (Check applicable items) 1	2	
☐	☐	Going straight ahead	☐	☐	Passing
☐	☐	Making right turn	☐	☐	Avoiding vehicle,
☐	☐	Making left turn	☐	☐	Object, or ped.
☐	☐	Making U turn	☐	☐	Skidded before
☐	☐	Slowing or stopping	☐	☐	applying brakes
☐	☐	Starting in traffic lane	☐	☐	Skidded after
☐	☐	Start from park position	☐	☐	applying brakes
☐	☐	Stopped in traffic lane	☐	☐	Driverless moving
☐	☐	Parked	☐	☐	vehicle
☐	☐	Backing			

Condition of Drivers and Pedestrian(s)

Driver (Check one or more) 1	2	Ped.	Driver (Check only one for each) 1	2	Ped.
☐	☐	Ill	☐	☐	Had not been drinking
☐	☐	Fatigued	☐	☐	Not known whether drinking
☐	☐	Apparently asleep	☐	☐	Had been drinking,
☐	☐	Body defect (arms,	if so		
☐	☐	legs, hearing,	☐	☐	Obviously drunk
☐	☐	eyesight,	☐	☐	Ability impaired
☐	☐	paralysis, etc.)	☐	☐	Ability not impaired
☐	☐	Apparently normal	☐	☐	Not known if impaired
☐	☐	Condition not known			

Explain condition

Vehicle Condition
(Check one or more)

Driver 1	2	
☐	☐	Defective brakes
☐	☐	Improper lights
☐	☐	Defective steering mechanism
☐	☐	Defective tires
☐	☐	Other defects
☐	☐	Defects not known
☐	☐	Chains in use

Describe What Happened: (Refer to vehicles by number).

This space may also be used to list additional injured persons and explain significant factors not fully covered in the questions above. If more space is needed, use another form or a sheet of 8 1/2" x 11 " paper.

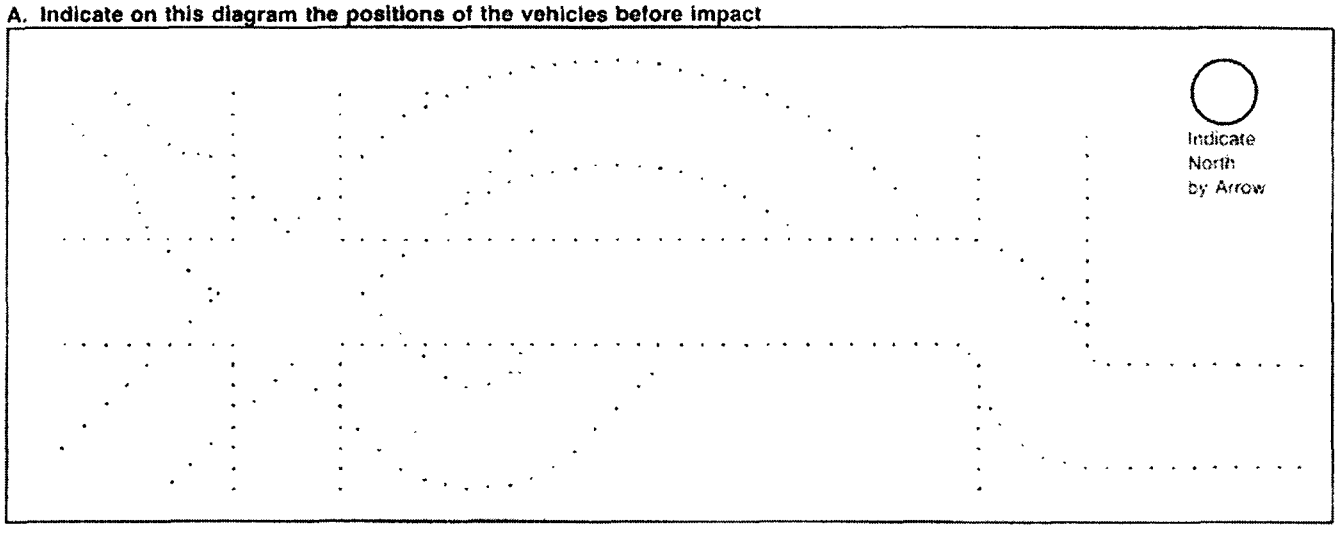
Reports submitted to state/local authorities ☐ Yes ☐ No ☐ Not required	**Citation issued** ☐ Yes ☐ No , To (name):	
Charge	Issuing Officer/Badge No.	**Please forward copy of police report as soon as possible.**
No. of previous co. vehicle accidents/this driver: ☐ None ☐ 1 ☐ 2 ☐ (specify)		Driver's seat belt fastened ☐ Yes ☐ No
Supervisor's name (print or type)	Department/Division	Supervisor's work phone (ETN if applicable) ( ) -
Approval -- Supervisor's signature	Signature of driver/employee	Date

Distribution
1.
2.
3.

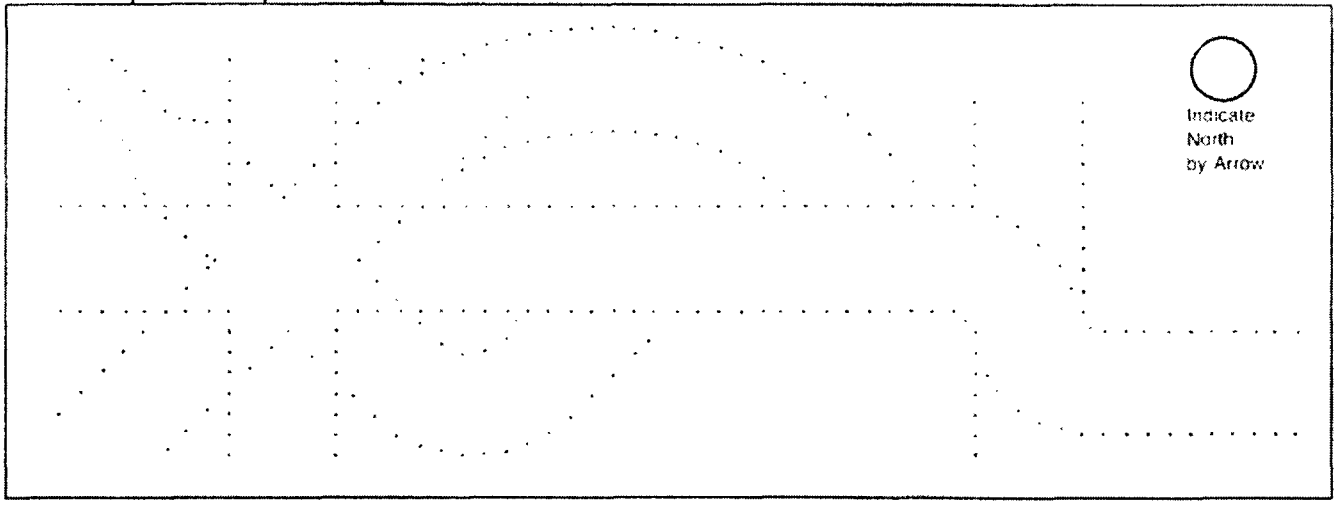
Collision Diagram

If appropriate or instructed, please indicate by diagrams below the positions of vehicles in all three phases as noted. Identify Company vehicle as Unit 1, second vehicle as Unit 2, etc.

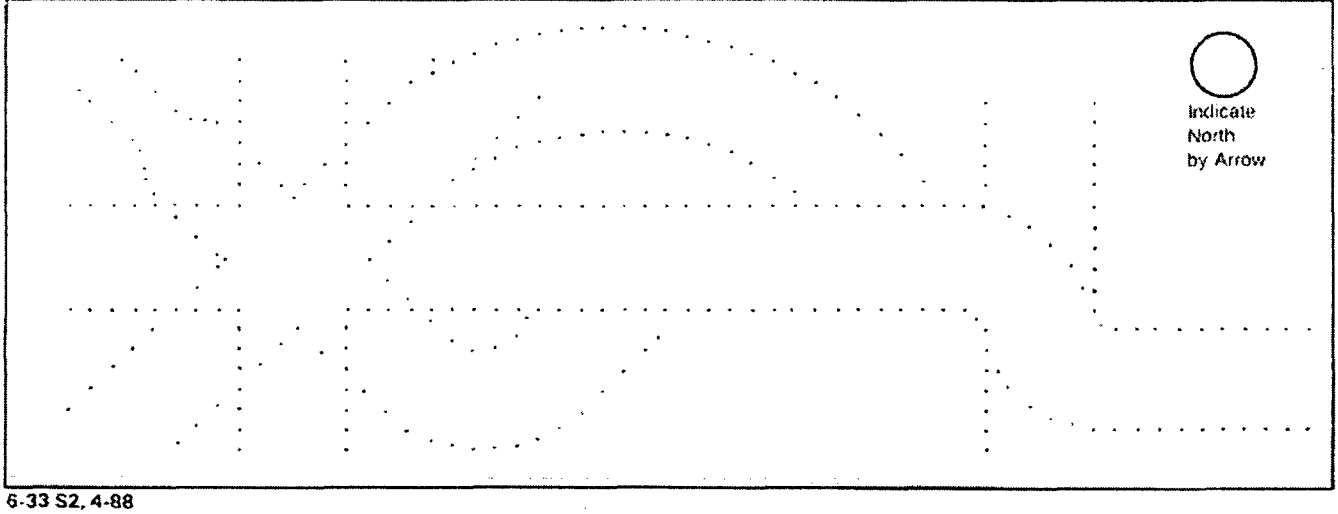
A. Indicate on this diagram the positions of the vehicles before impact



B. Indicate positions at point of impact



C. Indicate resting points after collision



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