District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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

Form C-141 Revised October 10, 2003

Oil Conservation Division 1220 South St. Francis Dr.
Santa Fe. NM 87505

Submit 2 Copies to appropriate
District Office in accordance
With Rule 116 on back
side of form

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|---|---|----------------|--|------------------|------------|----------------------------------|---|-----------|--------------|------------|-------|--------------|--|
| FAB143583042   Release Notification and Corrective Action 9 49  |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| NABI <b>\$</b> 00535491   |   |                |  |                  |            |                                  | FOR   |           |              | al Report  | ×     | Final Report |  |
| Name of Company OXY USA WTP LP  |   |                |  |                  |            |                                  | RK TREESH   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  | Telephone No. (575)200-8010                       |           |              |            |       |              |  |
| Facility Name INDIAN BASIN GAS PLANT  |   |                |  |                  |            |                                  | e   |           |              |            |       |              |  |
| Surface Owner Mineral Owner I   |   |                |  |                  |            |                                  | INDIAN BASIN                                      |           |              | Lease No.  |       |              |  |
|   | LOCATION OF RELEASE   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| Unit Letter   | Section   | Township       | Range  | Feet from the    | North/     | South Line                       | Feet from the                                     | East/     | West Line    | County     |       | ,            |  |
| G   | 23  | 21-5           | 23-E   |                  |            |                                  |   |           |              | Eddy       |       |              |  |
| Latitude 32 27 52.502" Longitude 104°34'28.004"   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| Type of Release Gas   Volume of Release 2847.5 MCF   Volume Recovered 0   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| Source of Release   |   |                |  |                  |            |                                  | Volume of Release 2847.5 MCF   Volume Recovered 0 |           |              |            |       |              |  |
| Residue Flare   |   |                |  |                  |            |                                  | 11/12/2009 3:16:00 PM 11/12/2009 3:16:00 P        |           |              |            |       |              |  |
| Was Immediate Notice Given?  ☑ Yes ☐ No ☐ Not Required  |   |                |  |                  |            |                                  | If YES, To Whom?                                  |           |              |            |       |              |  |
| By Whom? MARK TREESH  |   |                |  |                  |            | Date and Hour 11/12/2009 3:56 PM |   |           |              |            |       |              |  |
| Was a Watercourse Reached?  ☐ Yes ☒ No  |   |                |  |                  |            |                                  | If YES. Volume Impacting the Watercourse.         |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| If a Watercourse was Impacted, Describe Fully.*   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| Don't Com (Postly of Com (Id Aries Table )  |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| Describe Cause of Problem and Remedial Action Taken.* Cause:  |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   | S ON HIGH      | OXYGEN   | CONTENT          |            |                                  |   |           |              |            |       |              |  |
| Remedial Ac   |   |                | THE DI   | TA JOST OT TIME  | E THE      | OCATION                          | OF THE ONG  | IN OF T   | IE OVVCI     | - N.       |       |              |  |
| Describe Are  | a Affected  | and Cleanup A  | Action Tak                                     | ANT TO ISOLAT    | E INE      | LOCATION                         | OF THE ORIG                                       | IN OF II  | HE OX YOU    | EIN        |       |              |  |
| N/A   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
|   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| I hereby certi  | fy that the i   | information gi | ven ahove                                      | is true and comp | lete to th | c best of my                     | knowledge and                                     | understa  | nd that purs | uant to NM | OCD n | iles and     |  |
| nublic health   | 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 NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| or the environment. In addition, NMOCD 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.   |   |                |  |                  |            |                                  |   |           |              |            |       |              |  |
| regeral, state.   | or local la   | ws and/or regu | ilations.                                      |                  |            |                                  | OII CON   | ICEDA     | ATION        | DIVICIO    | N 7   |              |  |
| 1   | A /   |                |  | OIL CON          | NSEK V     | ATION                            | DIVISIC   | <u>NN</u> |              |            |       |              |  |
| Signature:  | May   | _              | 2/1/1  |                  |            |                                  |   |           |              |            |       |              |  |
| Printed Name  | : MARK T  | 1              | Approved by District Subgried By Mike Branches |                  |            |                                  |   |           |              |            |       |              |  |
| Title: P  | iodu  |                | Approval Dat                                   | . 151            | 5          | Expiration (                     | Date: N   | 4         |              |            |       |              |  |
| E-mail Addre  | ss: Mark_T  |                | Conditions of                                  | Approval:        | . 1 1      |                                  | Attached  |           |              |            |       |              |  |
| Date: 11/13/09 Phone: (575)200-8010   |   |                |  |                  |            |                                  |   |           |              |            |       | ļ            |  |

\* Attach Additional Sheets If Necessary

PAB 1500 534083

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