

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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 Department

Form C-141
Revised August 24, 2018
Submit to appropriate OCD District office

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

| | |
|----------------|---------------|
| Incident ID | NRM2032137935 |
| District RP | |
| Facility ID | |
| Application ID | |

Release Notification

Responsible Party

| | |
|--|--------------------------------|
| Responsible Party Marathon Oil Permian LLC | OGRID 372098 |
| Contact Name Melodie Sanjari | Contact Telephone 575-988-8753 |
| Contact email msanjari@marathonoil.com | Incident # (assigned by OCD) |
| Contact mailing address 4111 S. Tidwell Rd., Carlsbad, NM 8220 | |

Location of Release Source

Latitude 32.7682724Longitude -103.8156967
(NAD 83 in decimal degrees to 5 decimal places)

| | |
|------------------------------------|-----------------------------------|
| Site Name: Taylor 12 Federal 10 | Site Type Oil & Gas Facility |
| Date Release Discovered: 11/2/2020 | API# (if applicable) 30-015-39468 |

| Unit Letter | Section | Township | Range | County |
|-------------|---------|----------|-------|--------|
| A | 12 | 18S | 31E | Eddy |

Surface Owner: State Federal Tribal Private (Name: _____)

Nature and Volume of Release

Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)

| | | |
|--|--|---|
| <input type="checkbox"/> Crude Oil | Volume Released (bbls) | Volume Recovered (bbls) |
| <input checked="" type="checkbox"/> Produced Water | Volume Released (bbls) 80 | Volume Recovered (bbls) 80 |
| | Is the concentration of dissolved chloride in the produced water >10,000 mg/l? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Condensate | Volume Released (bbls) | Volume Recovered (bbls) |
| <input type="checkbox"/> Natural Gas | Volume Released (Mcf) | Volume Recovered (Mcf) |
| <input type="checkbox"/> Other (describe) | Volume/Weight Released (provide units) | Volume/Weight Recovered (provide units) |

Cause of Release

A communications error in the TMS system resulted in a tank overflow of 80 bbl. of produced water inside of the lined containment. A vac truck was dispatched to recover all standing fluids from within the containment and a 48 hour notice will be sent out prior to a liner inspection.

| | |
|----------------|---------------|
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| | |
|---|--|
| Was this a major release as defined by 19.15.29.7(A) NMAC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If YES, for what reason(s) does the responsible party consider this a major release? Volume |
| If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)? Yes, by Melodie Sanjari (MOC) to BLM and OCD via email on 11/3/2020 | |

Initial Response

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

| | |
|--|--|
| <input checked="" type="checkbox"/> The source of the release has been stopped. <input checked="" type="checkbox"/> The impacted area has been secured to protect human health and the environment. <input checked="" type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices. <input checked="" type="checkbox"/> All free liquids and recoverable materials have been removed and managed appropriately. | |
| If all the actions described above have <u>not</u> been undertaken, explain why: | |
| Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation. | |
| 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. | |
| Printed Name: <u>Melodie Sanjari</u> | Title: <u>Environmental Professional</u> |
| Signature: <u>Melodie Sanjari</u> | Date: <u>11/3/2020</u> |
| email: <u>msanjari@marathonoil.com</u> | Telephone: <u>575-988-8753</u> |
| OCD Only | |
| Received by: <u>Ramona Marcus</u> | Date: <u>11/16/2020</u> |

Taylor deep 12 federal 10 spill water ticket

United Well Services, LLC.

P.O. Box 2121 Carlsbad, NM 88221
Phone# 575-649-5634 • uws1999@gmail.com

Date 11-2-20 No 84729

Company MARATHON

Location/Lease Taylor 12 Fed 10

Disposal/Ticket # _____

Water Station _____ Ticket # _____

Top Gage _____ Bottom Gage _____

Truck No. 4435

START TIME 6:30 ^{AM}/_{PM} END TIME _____ : _____ ^{AM}/_{PM} TOTAL HOURS _____

| | | | |
|--|-----------|---------|--|
| <input type="checkbox"/> Fresh water | _____ | Barrels | |
| <input type="checkbox"/> Brine water | _____ | Barrels | |
| <input checked="" type="checkbox"/> Produced water | <u>80</u> | Barrels | |
| <input type="checkbox"/> Other _____ | _____ | Barrels | |
| <input type="checkbox"/> KCL | _____ | Barrels | |

Job Description DRIVER TO LOCATION
PROD WATER SPILL TIRE CONTACT

1 load of P/W TO DISPOSAL

| | |
|----------------------------------|---|
| Time leaving yard | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time arriving location | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time leaving location | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time arriving disposal/water st. | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time leaving disposal/water st. | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time arriving yard | <input type="checkbox"/> AM <input type="checkbox"/> PM |

Driver Name ARCENES Echevarria

Co-Personnel _____