

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

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

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

Incident ID	nDHR1921754782
District RP	1RP-5630
Facility ID	
Application ID	pDHR1921754479

Release Notification

Responsible Party

Responsible Party Marathon Oil Permian LLC	OGRID 372098
Contact Name Misti Johnson	Contact Telephone 713-296-3507
Contact email mjohnson4@marathonoil.com	Incident # (assigned by OCD)
Contact mailing address 5555 San Felipe Street, Houston, Texas 77056	

Location of Release Source

Latitude 32.065876 Longitude 103.392174
(NAD 83 in decimal degrees to 5 decimal places)

Site Name Cave Lion 5 WC Federal 2H	Site Type Oil and gas drilling facility
Date Release Discovered 7/7/2019	API# (if applicable) 30-025-45421

Unit Letter	Section	Township	Range	County
N	5	T26S	R35E	Lea

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 type="checkbox"/> Produced Water	Volume Released (bbls)	Volume Recovered (bbls)
	Is the concentration of total dissolved solids (TDS) in the produced water >10,000 mg/l?	<input 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 checked="" type="checkbox"/> Other (describe)	Volume/Weight Released (provide units) 75 bbls frac fluid	Volume/Weight Recovered (provide units) TBD

Cause of Release

During frac operations a spike in pressure activated the high pressure pop-off valve. The frack tanks were not able to be equilized because the hoses were sanded off. This caused the primary frack tank to overflow and release 75 bbls of frac fluid inside of the placed secondary containment. Frac fluid was a mixture of fresh water, biocide, friction reducer and scale inhibitor.

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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? This was a major release as defined by NMAC 19.15.29.7(A) based on volume of material released.
If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)? Yes, 7/8/2019 email sent by M. Johnson to EMNRD District 1, Jim Griswold, and Jim Amos	

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>Misti Johnson</u>	Title: <u>Environmental Supervisor</u>
Signature: <u>Misti Johnson</u>	Date: <u>7/24/2019</u>
email: <u>mjohnson4@marathonoil.com</u>	Telephone: <u>713-296-3507</u>
<u>OCD Only</u>	
Received by: <u>Dylan Rose-Coss</u>	Date: <u>07/24/2019</u>



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C & C TRANSPORT LLC

FULLY INSURED - 24/7

C- 140753

WORK ORDER

Customer

NAME Margathan oil DATE 07/07/19
 Lease Cave lion 26-25-5
 Work Performed In New Mexico Texas Other State _____ Ordered By _____
 Area _____ START TIME _____ AM PM STOP TIME _____ AM PM

DRIVER NAME (PRINT)		UNIT #	TOTAL HRS.	MATERIALS / SERVICES USED				
Type		Hours	Unit Price	Total	Type of Material/Wtr. Sta. SWD	Amount of Barrels	Unit Price	Total
EQUIPMENT USED					Type Water	Wtr. Sta. / SWD		
EQUIPMENT USED					Brine			\$
Type		Hours	Unit Price	Total	Fresh			\$
Transport			\$		Jet Out			\$
Hot Shot			\$		Produced			\$
Vacuum Truck			\$		Solids			\$
Winch Truck			\$		OBM			\$
Kill Truck			\$		Transfer			\$
			\$					\$
			\$					\$
CHEMICALS USED								\$
Type of Chemical	Gallons	Unit Price	Total	DESCRIPTION OF WORK				
K-31 Bioxide			\$	Hauled 75 bbls of BBIS P/W from the container area				
KCL Sacks/Liquid			\$					
Packer Fluid			\$					
			\$					
			\$					\$

TOOLS USED				DESCRIPTION OF WORK				
Type of Tool	Hours	Unit Price	Total					
Chart Recorder			\$					
			\$					
			\$					

DRIVER SIGNATURE <u>[Signature]</u>	TOTAL FROM TICKET	\$
CUSTOMER SIGNATURE <u>[Signature]</u>	FUEL SURCHARGE	\$
COMPANY REPRESENTATIVE (PRINT)	SALES TAX	\$
	GRAND TOTAL	\$

EMERGENCY CONTACT NUMBERS

(Contact Your Supervisor As Soon As Possible)

911 Lea Regional Hospital 575.492.5000 American Medical 575.392.2040 Lea County Sheriff 575.393.2515