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	
District RP	
Facility ID	
Application ID	

## **Release Notification**

## **Responsible Party**

Responsible Party				OGRID	OGRID		
Contact Name				Contact T	Contact Telephone		
Contact email				Incident #	Incident # (assigned by OCD)		
Contact mailing address				1			
			Location	of Release S	ource		
Latitude Longitude							
			(NAD 83 in dec	cimal degrees to 5 deci	mal places)		
Site Name				Site Type	Site Type		
Date Release	Date Release Discovered			API# (if ap)	API# (if applicable)		
Unit Letter	Section	Township	Range	Cour	County		
Surface Owner	Ctata	☐ Federal ☐ Tr	ribal Drivata ()	Nama		,	
Surface Owner	r. State		Tibal	vame:		)	
			Nature and	d Volume of	Release		
	Materia	(s) Released (Select al	ll that apply and attach	calculations or specific	e justification for th	ne valumes provided below)	
Material(s) Released (Select all that apply and attack  Crude Oil Volume Released (bbls)			curculations of specific	Volume Recovered (bbls)			
Produced Water		Volume Released (bbls)			Volume Recovered (bbls)		
Is the concentration		tion of dissolved c	on of dissolved chloride in the		Yes No		
produced water >10,000 mg/l?			V 1 P				
Condensate Volume Released (bbls)			Volume Recovered (bbls)				
Natural Gas Volume Released (Mcf)				Volume Recovered (Mcf)			
Other (describe) Volume/Weight Released (provide un		e units)	Volume/Weight Recovered (provide units)				
a an i							
Cause of Rele	ease						

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## State of New Mexico Oil Conservation Division

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Was this a major release as defined by	If YES, for what reason(s) does the responsible party consider this a major release?			
19.15.29.7(A) NMAC?				
☐ Yes ☐ No				
707777				
If YES, was immediate no	otice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)?			
	Initial Response			
The responsible	party must undertake the following actions immediately unless they could create a safety hazard that would result in injury			
The responsible p	nariy masi anaeriake me johowing actions immeatatety aniess mey coma create a sajety nazara mai woma resun in injury			
☐ The source of the rele	ase has been stopped.			
☐ The impacted area has	s been secured to protect human health and the environment.			
Released materials ha	ve been contained via the use of berms or dikes, absorbent pads, or other containment devices.			
All free liquids and re	coverable 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:				
Signature:	Date:			
email:	Telephone:			
OCD Only				
Received by:	plate:			