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

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

NM OIL CONSERVATION

ARTESIA DISTRICT

Form C-141 Revised August 8, 2011

SEP 2 9 2016

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

RECEIVED

| Release Notification and Corrective Action | | | | | | | | | | | | | |
|--|--------------------|----------------------------|------------|--|-------------------------|--|---|-----------|---------------|---------------|--------------|-----------|--|
| | | 7422 | | | OPERATOR | | | Initi | al Report | \boxtimes | Final Report | | |
| Name of Co | mpany O | XY USA W | - 1 | Contact Jennifer Duarte | | | | | | | | | |
| Address PO | BOX 429 | Telephone No. 713-513-6640 | | | | | | | | | | | |
| | | | | | | | Facility Type WELL | | | | | | |
| Surface Ow | ner | API No. 30-015-21927 | | | | | | | | | | | |
| Daniage G III | | | | Mineral C | <u> </u> | | | | | | | | |
| Unit Letter | Section | Township | Range | Feet from the | | N OF RELEASE /South Line Feet from the East/West Line County | | | | | | | |
| E | 16 | 20\$ | 28E | 1980 | NORT | | 760 | WEST | | EDDY | | • | |
| | | | | | | | | | | | | | |
| LatitudeLongitude | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | |
| Type of Release GAS - FLARE | | | | | | | Volume of Release 201 MCF Volume Recovered 0 | | | | | | |
| Source of Release GAS – FLARE | | | | | | | Date and Hour of Occurrence Date and Hour of D 09/22/2016 – BEGAN/END | | | | | | |
| Was Immediate Notice Given? | | | | | | | If YES, To Whom? | | | | | | |
| Yes No Not Required | | | | | | | | | | | | | |
| By Whom? | | | | | | | Date and Hour If YES, Volume Impacting the Watercourse. | | | | | | |
| Was a Watercourse Reached? | | | | | | | olume impacting | ine wat | ercourse. | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | | |
| | | , p | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | | | | | | |
| Flaring due to restart gas lift compressor. | | | | | | | | | | | | | |
| | | • | | | | | | | | | | • | |
| Describe Are | a Affected | and Cleanup | Action Tal | ken.* | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | • | | | |
| | _ | | | | | | | | | | | | |
| | | | | e is true and comp nd/or file certain : | | | | | | | | | |
| public health | or the envi | ronment. The | acceptan | ce of a C-141 repo | ort by th | e NMOCD m | arked as "Final R | leport" c | loes not rel | lieve the ope | rator of | liability | |
| 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 | | | | | | | | | | | | | |
| | | ws and/or regi | | plance of a C-141 | rebort a | ioes not renev | e the operator of | respons | ibility for c | omphance v | with an | y outer | |
| | | | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Signature: 10mm of tudgons | | | | | | | S. P. L. | | | | | | |
| The state of the s | | | | | | | Environmental 8 | eccians | E DER | Ted con | _ | | |
| Printed Name: JENNIFER HUDGENS | | | | | | | 10 to 1 to 1 | | | | | | |
| Title: ENVIRONMENTAL SPECIALIST | | | | | | | Approval Date: 10/31/6 Expiration Date: WIH | | | | | | |
| | | | | | | | | | | | | | |
| E-mail Addre | ss: <u>Jennite</u> | г_циапе@оху | | | Conditions of Approval: | | | Attached | | | | | |
| £ | 29/2016 | | | e: 713-513-6640 | | TINHL | | | | | | | |
| Attach Addi | tional She | ets If Necess | ary | | | | | | | VA. | RP- | 3550 | |
| | | | | | | | | | | TO | -7 | | |