District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 R10 Brazos R0ad, Aztec, NM 87410
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources

JUL 18 2008 OCD-ARTESIA

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

Form C-141

Revised October 10, 2003

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

Release Notification and Corrective Action

| i SE00822451133<br>NSE00822451918  |  |  |  |   |                                   | OPERATOR   |   |                                     |  |  |                                  | Final Repo                        |  |
|--|--|--|--|---|-----------------------------------|--|---|-------------------------------------|--|--|----------------------------------|-----------------------------------|--|
| Name of Company Judah Oil, LLC 345872  |  |  |  |   |                                   | Contact James B. Campanella  |   |                                     |  |  |                                  |                                   |  |
| Address P.O. Box 568, Artesia, NM 88210  |  |  |  |   |                                   | Telephone No. 575-746-1280   |   |                                     |  |  |                                  |                                   |  |
| Facility Name Oxy T-Bone Fed #1  |  |  |  |   |                                   | Facility Type Salt Water Disposal  |   |                                     |  |  |                                  |                                   |  |
| Surface Owner BLM Mineral Owner  |  |  |  |   |                                   | BLM Lease No. SWD-950  |   |                                     |  |  |                                  |                                   |  |
| 30-01  | 5-32122  | <u>-</u>   |  | LOCA  | TION                              | OF REI   | LEASE   |                                     |  |  |                                  |                                   |  |
| Unit Letter<br>C   | Section<br>33  | Township<br>185  | Range<br>31 E                              | Feet from the 660   | North/<br>Nort                    | South Line<br>th   | Feet from the 1980  | East/V<br>We                        | Vest Line<br>est                             | County<br>Eddy                           |                                  |                                   |  |
| Latitude Longitude Longitude   |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
|  | NATURE OF RELEASE  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Type of Relea  | Type of Release Oil Volume of Release 23 bbls of oil Volume Recovered 21 bbls of oil |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Source of Release Oil Tank   |  |  |  |   |                                   | Date and Hour of Occurrence July 11, 2008 at 8:30pm  Date and Hour of Discovery July 11, 2008 at 11:30pm |   |                                     |  |  |                                  |                                   |  |
| Was Immediate Notice Given?   ☐ Yes ☐ No ☐ Not Required  |  |  |  |   |                                   | If YES, To Whom?   |   |                                     |  |  |                                  |                                   |  |
| By Whom? James B Campanella  |  |  |  |   |                                   | Date and Hour July 12, 2008 at 8:00am  |   |                                     |  |  |                                  |                                   |  |
| Was a Watercourse Reached? ☐ Yes ☑ No  |  |  |  |   |                                   | If YES, Volume Impacting the Watercourse.  N/A   |   |                                     |  |  |                                  |                                   |  |
| If a Watercou  | rse was Imp  | oacted, Descri   | be Fully.*                                 |   |                                   | L  |   |                                     |  |  |                                  |                                   |  |
| N/A  |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
|  |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Describe Cause of Problem and Remedial Action Taken.*  |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Water truck unloaded PW into oil tank. Removed contaminated gravel and replaced with new gravel. Treated contaminated area with micro-blaze.  Put lock on oil line to oil Tank |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Describe Area Affected and Cleanup Action Taken.*  Spill contained in lined, fixed all of the area. The vacuum truck pulled 21 bbls of oil and put back into gun barrel.       |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
|  |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| regulations all<br>public health of<br>should their of   | operators a<br>or the environment of<br>perations had<br>ment. In ad                 | re required to<br>conment. The<br>eve failed to a<br>dition, NMO | report and acceptance dequately. CD accept | d/or file certain re<br>e of a C-141 report<br>investigate and re | elease no<br>rt by the<br>mediate | tifications an<br>NMOCD ma<br>contamination  | knowledge and ur<br>d perform correct<br>rked as "Final Re<br>on that pose a thre<br>the operator of re | ive action<br>port" do<br>at to gro | ons for rele<br>bes not relic<br>ound water, | ases which<br>eve the oper<br>surface wa | may end<br>ator of l<br>ter, hun | danger<br>liability<br>nan health |  |
|  |  |  |  |   |                                   | OIL CONSERVATION DIVISION  |   |                                     |  |  |                                  |                                   |  |
| Signature: Signature:  |  |  |  |   |                                   |  |   |                                     |  |  |                                  |                                   |  |
| Printed Name: James B. Campanella  |  |  |  |   |                                   | Approved by District Supervisor: The by B  |   |                                     |  |  |                                  |                                   |  |
| Title: Manager/President   |  |  |  |   |                                   | Approval Date: 8-11-08 Expiration Date: ~/A  |   |                                     |  |  |                                  |                                   |  |
| E-mail Addres  | s: juhadoil@   | @yahoo.com   |  |   | c                                 | onditions of   | , ,   |                                     |  | Attached                                 |                                  |                                   |  |
| Date: J  | uly 18, 200  | 8  | Pho  | ne: 575-746-128   | 0                                 |  | N/A   |                                     |  |  |                                  |                                   |  |
| Attach Additi  | onal Sheet   | s If Necessa   | ry   |   |                                   |  |   |                                     | 28   | P-219                                    | 1                                |                                   |  |