## <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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

DEC - 2 2008

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

Notify OCD 48 hours prior to

obtaining samples where analyses are to be presented to OCD.

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

OCD-ARTESIA

side of form

Form C-141

Revised October 10, 2003

|  |              |                 | Rele   | ease Notific               | eation   | and Co   | rrective A                             | ction     |  |                |          |            |          |
|--|--------------|-----------------|--|----------------------------|--|--|--|-----------|--|----------------|----------|------------|----------|
|  |              |                 |  |                            |  | OPERA  | TOR                                    |           | ✓ Initi                                | al Report      |          | Fina       | l Report |
| Name of Co   |              |                 |  | Contact Kelton Beaird      |  |  |  |           | ,                                      |                |          |            |          |
|  |              | Carlsbad, NM    | Telephone No. (O) 505-887-8337 C) 575-390-1903 Facility Type Well with Battery |                            |  |  |  |           |  |                |          |            |          |
| Facility Nat   | = 2          |                 |  |                            |  | Facility Typ   | e Well with Ba                         | ittery    |  |                | •        |            |          |
| Surface Owner BLM Mineral Owner B                      |              |                 |  |                            |  | Lease No.  |  |           |  |                |          |            |          |
|  |              |                 |  |                            |  | N OF RELEASE   |  |           |  |                |          |            |          |
| Unit Letter  | Section      | Township        | Range  | Feet from the              | North/   | South Line   Feet from the   Ea  |  |           | ast/West Line   County                 |                |          |            |          |
| N  | 21           | 24S             | 29E  | - M. 1884                  |  |  |  |           |  | Eddy           |          |            |          |
| LatitudeLongitude                                      |              |                 |  |                            |  |  |  |           |  |                |          |            |          |
| NATURE OF RELEASE                                      |              |                 |  |                            |  |  |  |           |  |                |          |            |          |
| Type of Rele   |              |                 |  | Volume of Release 170 bbls |  |  | Volume Recovered 160 bbls              |           |  |                |          |            |          |
| Source of Release discharge line                       |              |                 |  |                            |  | Date and Hour of Occurrence  |  |           | Date and Hour of Discovery<br>11-24-08 |                |          |            |          |
| Was Immediate Notice Given?  ☐ Yes ☐ No ☐ Not Required |              |                 |  |                            |  | If YES, To Whom? Sherry Bohnam- NMOCD Jim Amos- BLM  |  |           |  |                |          |            |          |
| By Whom? Kelton Beaird                                 |              |                 |  |                            |  | Date and Hour See above  |  |           |  |                |          |            |          |
| Was a Water  |              | ched?           | If YES, Volume Impacting the Watercourse.                                      |                            |  |  |  |           |  |                |          |            |          |
| ☐ Yes ☑ No   |              |                 |  |                            |  |  |  |           |  |                |          |            |          |
| If a Watercou  | rse was Im   | pacted, Descri  | be Fully.*   |                            |  |  |  |           |  |                | -        |            |          |
|  |              |                 |  |                            |  |  |  |           |  |                |          |            |          |
|  |              |                 |  |                            |  |  |  |           | •                                      |                |          |            |          |
| Describe Cau   | an af Duahl  | d D o           | lial A stine   | Tolon *                    |  | <del></del>  |  |           |  |                |          |            |          |
| Hole in steel  |              |                 |  |                            |  |  |  |           |  |                |          |            |          |
|  | <b>G</b>     |                 |  |                            |  |  |  |           |  |                |          |            |          |
| Describe Area  | Affected α   | and Cleanun A   | ction Tak  | en *                       |  |  |  |           |  |                |          |            |          |
|  |              |                 |  |                            | eation w   | ill occur and  | a work plan will                       | be submi  | itted for a                            | pproval        |          |            |          |
|  |              |                 |  |                            |  |  | •                                      |           | •                                      | •              |          |            |          |
|  |              | ,               |  |                            |  |  |  |           |  |                |          |            |          |
|  |              |                 |  |                            |  |  | cnowledge and ur                       |           |  |                |          |            |          |
|  |              |                 |  |                            |  |  | d perform correct<br>rked as "Final Re |           |  |                |          |            |          |
| should their o   | perations ha | ave failed to a | dequately  | investigate and re         | mediate  | contaminatio   | on that pose a thre                    | at to gro | und water                              | , surface wa   | ter, hui | man he     | alth     |
| or the environ   | ment. In ac  | ddition, NMO    | CD accept  | ance of a C-141 r          | eport do   | es not relieve   | the operator of re                     | esponsib  | ility for co                           | ompliance w    | ith any  | other      | .        |
| federal, state,  | or local law | s and/or regu   | lations.   | <del></del>                |  |  | OIL CONS                               | EDVA      | TION                                   | DIVICIO        | <u> </u> |            |          |
|  |              |                 |  |                            |  | OIL CONSERVATION DIVISION  |  |           |  |                |          |            |          |
| Signature:   |              |                 |  |                            |  | Remediation Actions to be completed and Final C-141 submitted with confirmation  |  |           |  |                |          |            |          |
| Printed Name: Kelton Beaird                            |              |                 |  |                            |  | Approved by District Supervisor:  Approved by District Supervisor:  Approved by District Supervisor:  Approved by District Supervisor:  Expiration Date. |  |           |  |                |          |            |          |
|  |              |                 |  |                            |  |  | Edwing 31                              |           |  | piration Date. | $\Psi$   |            | -        |
| Title: HES Sp  | pecialist    |                 |  |                            | A  | pproval Date   | :12-3-08                               | Ex        | epiration I                            | Date: *O3      | 1-0=     | <u>3-0</u> | 9        |
| E-mail Address: kelton_beaird@oxy.com                  |              |                 |  |                            |  | Conditions of Approval:  |  |           |  |                |          |            |          |
| Date: 12.1.09  |              |                 |  |                            |  | Within 30 days, on or before $O(U)$  |  |           |  |                |          |            |          |
| Date: 12-1-08 Attach Additional Sheets If Necessary    |              |                 |  |                            |  | completion of a remediation work plan based on delineation should be finalized and submitted for   |  |           |  |                |          |            |          |
|  | JIMI DIIOO   | 11 11000000     |  | UI<br>21                   | approval to the Division summarizing all actions |  |  |           |  |                |          |            |          |

taken and/or to be taken to mitigate

environmental damage.