RECEIVED OCT 0 1 2009 Form C-141
Revised October 10, 2003

<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

* Attach Additional Sheets If Necessary

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

State of New Mexico

Energy Minerals and Natural Resources

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

2RP-287

| 30-0/5-32365 Release Notification and Corrective Action | | | | | | | | | | | | | |
|---|--------------|-----------------|------------|--|-------------------------|---|---------------------|------------|--------------|-------------|--------------|-------------|--|
| 15EB09 | 0025 | | | | | OPERATOR | | | l Report | \boxtimes | Final Report | | |
| Name of Company COG OPERATING LLC | | | | | | Contact Kanicia Carrillo | | | | | | | |
| Address 550 W. Texas, Suite 1300 Midland, TX 79701 | | | | | | Telephone No. 432-685-4332 | | | | | | | |
| Facility Nar | ne – Aoud | lad State #1 | | | Facility Type - Battery | | | | | | | | |
| Surface Owner BLM Mineral Owner | | | | | | r Lease No. API# 30-015-32365 | | | | | | | |
| | | | | LOCA | TIOI | N OF REI | LEASE | | | | | | |
| Unit Letter | Section | Township | Range | Feet from the | North | /South Line | Feet from the | East/W | est Line | • | County | | |
| Е | 36 | 17S | 31E | 2310 | , | North | 330 | w | est | | Eddy | | |
| | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | |
| Type of Rele | ase Water | | | Volume of Release 60 bbls Volume Recovered 55 bbls | | | | | | | | | |
| Source of Release – 3" poly line | | | | | | Date and Hour of Occurrence Date and Hour of Discovery- See B | | | | | | - See Below | |
| Was Immediate Notice Given? | | | | | | See Below 12/08/08 - 2:30pm 12/08/08 - 2:30pm | | | | | | | |
| Was immediate Notice Given? Yes □ No □ Not Required | | | | | | If YES, To Whom? d Mike Bratcher w/OCD | | | | | | | |
| By Whom? Kanicia Carillo | | | | | | Date and Hour – December 8, 2008, 4:56pm | | | | | | | |
| Was a Watercourse Reached? | | | | | | If YES, Volume Impacting the Watercourse. | | | | | | | |
| ☐ Yes ⊠ No | | | | | | , | | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* Leak on the 3" poly line. Repaired poly line with new connections. | | | | | | | | | | | | | |
| Describe Are | a Affected | and Cleanup A | Action Tak | ren * | | | - | | | | | | |
| | | | | x 90' and 30' x 1 | 45'. Th | e areas were | excavated to a de | pth of 12 | and the in | mpacted soi | ils were | hauled off | |
| | | | | ckfilled with clear | | | · | • | | • | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | is true and comp | | | | | | | | | |
| | | | | id/or file certain r ce of a C-141 repo | | | | | | | | | |
| should their o | perations h | ave failed to a | dequately | investigate and r | emediat | e contaminati | on that pose a thre | eat to gro | and water | eve the ope | ater, hu | man health | |
| or the environ | nment. In a | ddition, NMC | CD accep | tance of a C-141: | report d | oes not reliev | e the operator of i | responsib | ility for co | mpliance v | vith any | other | |
| federal, state, | or local lay | vs and/or regu | lations. | | | | 0.17 0.01.7 | ~ | | | | | |
| | | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| Signature: / | | m K | ue | d | | | | | | | | | |
| Printed Name: Tim Read (Acent for COC) | | | | | | Approved by Disenter Breevischt /4 Drance | | | | | | | |
| Printed Name: Tim Reed (Agent for COG) | | | | | | DCT A T 2000 | | | | | | | |
| Title: Senior I | Project Mar | nager | | | Approval Date: Date: PA | | | | | | | | |
| E-mail Address: timothy.reed@tetratech.com | | | | | | Conditions of Annroyal: | | | | | | | |
| L-man Addic | os. uniouty. | .i.compenance | | Conditions of Approval: N Attached Attached | | | | | Ì | | | | |
| Date: 08/24/09 Phone:(432)682-4559 | | | | | | | | | | j | | } | |