OIL CONS. DIV DIST. 3

District I
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

APR 1 5 2015

Form C-141 Revised August 8, 2011

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office to accordance with 19.15.29 NMAC.

Release Notification and Corrective Action

| | | | | | | OPERA | TOR | | Initia | al Report | \boxtimes | Final Repo | |
|---|-----------------|-----------------|-------------|-----------------------|--|---|-------------------|---------------------|--------------|--------------|------------------|------------|--|
| | | | | il & Gas Compan | y | Contact Cr | ystal Tafoya | | | | | • | |
| Address 3401 East 30 th St, Farmington, NM | | | | | | Telephone No.(505) 326-9837 | | | | | | | |
| Facility Name: Hubbard 6 | | | | | | Facility Type: Gas Well | | | | | | | |
| Surface Owner BLM Mineral Owner | | | | | | r BLM (SF-078312) API No.30-045-24623 | | | | | | | |
| Surface Ow. | Hel BLIVI | | | Willeral O | wher I | DLIVI (ST-U | (6312) | | APINO | 0.30-045-24 | 1023 | | |
| | | | | LOCA | TIO | N OF RE | LEASE | | | | | | |
| Unit Letter | Section | Township | Range | Feet from the | North | South Line | Feet from the | East/W | est Line | County | | | |
| N | 15 | 32N | 12W | 790 | - 5 | South | 1760 | W | Vest | San Juan | | | |
| | | | | Latitude 36 | .9808 | Longitude | e -108.08543 | | | | | | |
| | | | | | | | | | | | | | |
| Type of Rele | ase Natu | ral Gas | NAT | UKE | Volume of Release 166 mcf Volume Recovered 0 mcf | | | | | | | | |
| Source of Release Dump Line | | | | | | | | | | | our of Discovery | | |
| r | | | | | | | t 10:39 AM | 4/6/2015 at 12:45PM | | | | | |
| Was Immedia | ate Notice G | | | 1 | | If YES, To | Whom? | | | | | | |
| | | | Yes L | No Not Rec | quired | | | | | | | | |
| By Whom? | | | | | | Date and Hour | | | | | | | |
| Was a Watercourse Reached? ☐ Yes ☒ No | | | | | | If YES, Volume Impacting the Watercourse. | | | | | | | |
| | | | Yes 🔀 I | NO | | | | | | | | | |
| If a Watercou | ırse was Imp | acted, Descr | ibe Fully.' | k | | | | | | | | | |
| N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Cau | se of Proble | m and Reme | dial Actio | n Taken * | | | 10- | | | | | | |
| | | | | p causing the oil | dump 1 | to tank to ha | ng open allowin | g 166 mc | f natural | gas to be re | leased | to the | |
| | | | | ne well was immed | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Are | a Affected a | nd Cleanup A | Action Tak | cen.* | | | | | | | | | |
| No further r | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| I hereby certi | fy that the ir | nformation of | ven above | is true and comple | ete to t | he hest of my | knowledge and | understan | d that nur | suant to NM | OCD r | ules and | |
| regulations al | l operators a | are required to | o report ai | nd/or file certain re | lease n | otifications a | nd perform corre | ctive acti | ons for rel | eases which | may en | ndanger | |
| | | | | ce of a C-141 repor | | | | | | | | | |
| | | | | investigate and re | | | | | | | | | |
| | | | | otance of a C-141 r | eport d | loes not reliev | e the operator of | responsi | bility for c | ompliance v | vith any | y other | |
| federal, state, | or local law | s and/or regu | ilations. | | | = | OII CON | ICEDIA | ATIONI | DIVIAIC |) | | |
| | | | 1 | | | | OIL CON | ISERV. | AHON | DIVISIC |)N | / _/ | |
| 6 | notal | 2. Taj | oya | | | | | | | H | / | | |
| Signature: | / | 0 | 0 | | | Approved by | Environmental S | Specialist | . / nes | -/ V | | 7 | |
| D.1. 127 | | | | | | pproved by | | Permise | 1 | 10 | | | |
| Printed Name | e: Crystal T | afoya | | | | | 1 1 | | - | | _ | | |
| Title: Field I | Environmer | ntal Specialis | st | | | Approval Da | te: (0/23/1 | E F | Expiration | Date: | | | |
| Title. Field I | Saya onnici | Specialis | | | | . Ipprovai Da | 0/00/1 | J 1 | p.ii.dioii | | | | |
| E-mail Addre | ess: crystal.ta | afoya@conoc | cophillips. | com | | Conditions o | f Approval: | | | Attached | | | |
| | | | | | | | | | | Attached | | | |
| Date: 4/13/2 | | | (505) 326 | -9837 | | 1 | | | | | | | |
| Attach Addi | tional Shee | ts If Necess | ary | | -1 | LAY 10 | 51743 | 859 | 6 | | | | |
| | | | | | + | 71001 | | 00 | 7 | | | | |