## District I - (505) 393-6161 P.O. Box 1940

Hobbs, NM 88241-1980

District II - (505) 748-1283 811South First Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Road Aztec, NM 87410

## **State of New Mexico**

Energy Minerals and Natural Resources Department

## **Oil Conservation Division**

2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

Submit 2 copies to: **Appropriate District** Office in accordanc

Form C-141

Originated 2/13/97

| <u>District IV - (505) 827-7131</u>   |               |   |           |                    | C.                        | Milli Rule 116.            |
|---|---------------|---|-----------|--------------------|---------------------------|----------------------------|
| Release   | e Notifica    | tion and Cor  | rrecti    | ve Action          | FETS 35 35 MF             | 260                        |
| 30 045 09746  | Ol            | PERATOF   | ₹         |                    | ✓ Initial Rep             | oort Final Report          |
| Name: Burlington Resources  | C             | ontact:   | Greg      | g Wurtz            |                           |                            |
| Address: P.O. Box 4289 Farmington NM 87499  | T             | elephone No.:   |           |                    |                           |                            |
| Facility Name: PIERCE 3   |               | acility Type:   | Gas '     | Well               |                           | <del></del>                |
| Surface Owner: federal Mineral O  | wner:         | federal   | I         | Lease Number:      | N                         | MSF-078129                 |
| LOCATION OF RELEASE   |               |   |           |                    |                           |                            |
| Unit Letter   Section   Township   Range   Feet From the   No   | rth/South Li  | ine Feet Froi   | m the     | East/West Lin      | e County: San Juan        |                            |
| A 07 030N 009W 989  | North         | 99  | 0         | east               |                           |                            |
| NATURE OF RELEASE   |               |   |           |                    |                           |                            |
| Type of Release: Condensate   | V             | olume of Releas   | se:       | 140 BBLS.          | Volume Recov              | ered: 0 BBLS.              |
| Source of Release: Storage tank   |               | ate and Hour of   |           |                    | Date and Hour             | <u> </u>                   |
| Was Immediate Notice Given? Yes No Not Req  | uired If      | 5/5/2001 5:00:00 PM 5/7/2001 11:00:00 AM  If Yes, To Whom? Charlie Perrin |           |                    |                           |                            |
| By Whom? Gregg Wurtz  | D:            | Date and Hour: 5/7/2001 11:00:00 PM                                       |           |                    |                           |                            |
| Was a Watercourse Reached?  | If            | If YES, Volume Impacting the Watercourse. 0                               |           |                    |                           |                            |
| If a Watercourse was Impacted, Describe Fully. (Attach Addition   | nal Sheets If | Necessary)  |           |                    |                           |                            |
| None  |               |   |           |                    |                           |                            |
|   |               |   |           |                    |                           |                            |
|   |               |   |           |                    |                           |                            |
| Describe Cause of Problem and Remedial Action Taken. (Attach  | Additional    | Sheets If Neces   | sary)     |                    |                           |                            |
| Bullet hole into tank 2 feet from ground surface. Excavate so   | il and land   | farm on location  | on.       |                    |                           |                            |
|   |               |   |           |                    |                           |                            |
|   |               |   |           |                    |                           |                            |
| Describe Area Affected and Cleanup Action Taken. (Attach Additional Sheets If Necessary)  |               |   |           |                    |                           |                            |
| All on location and within berm except 1 foot area outside of berm where condensate had seeped through berm perimeter. Also minor breach of berm on southeast corner were minor amount of liquid piped through berm and flowed approximately 5 feet in 0.5 foot wide flow path. |               |   |           |                    |                           |                            |
|   |               | ••  | •         |                    | •                         |                            |
| I hereby certify that the information given above is true and complete to   | the best of m | v knowledge and   | unders    | tand that pursuant | to NMOCD rules and re     | gulations all onerators    |
| are required to report and/or file certain release notifications and perform a C-141 report by the NMOCD marked as "Final Report" does not reli   | rm corrective | actions for releas  | ses whic  | h may endanger p   | oublic health or the envi | ronment. The acceptance of |
| contamination that pose a threat to ground water, surface water, human operator of responsibility for compliance with any other federal, state, or  | health or the | e environment.  | In addi   |                    |                           |                            |
| Signature: 4 // To  |               |   |           | L CONSERVAT        | ION DIVISION              |                            |
| Jugy Mim  | proved by     | Hon   | ng        | Jon                | 1                         |                            |
| it inited it aine.  | trict Superv  | visor: FO v   | <u>~[</u> | Frank              | chave*                    |                            |
|   | proval Date   | <u> </u>  | 0         | E)                 | xpiration Date:           |                            |
| Date: 5/8/0   Phone: (505) 326-9841 or 326-9842   Col   | nditions of A | Approval:   | ra l      | Repor              | Attached:                 |                            |

NDGF 0113738541