

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

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

Form C-141
Revised March 17, 1999

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

Release Notification and Corrective Action

30 045 28553

OPERATOR

☐ Initial Report ☐ Final Report

Name of Company Devon Energy	Contact Robert Jordan	
Address 3300 N. Butler Suit 211	Telephone No.	
Facility Name Middle Mesa SWD #2	Facility Type Salt Water Disposal Well	
Surface Owner BLM	Mineral Owner BLM	Lease No.

LOCATION OF RELEASE

Unit Letter M	Section 11	Township 31	Range 7W	Feet from the	North/South Line	Feet from the	East/West Line	County San Juan
------------------	---------------	----------------	-------------	---------------	------------------	---------------	----------------	--------------------

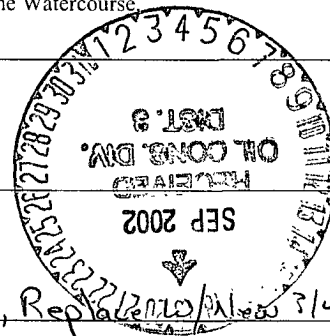
NATURE OF RELEASE

Type of Release 2 bbls Compressor oil and 8 bbls Produced H ₂ O -	Volume of Release 10 bbls	Volume Recovered 9 bbls
Source of Release Tank over Flowed	Date and Hour of Occurrence 9-13-02 11:00 A	Date and Hour of Discovery 9-13-02 11:00 A
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Denny Foutz	
By Whom? Robert Jordan	Date and Hour 9-13-02 11:00 A	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

If a Watercourse was Impacted, Describe Fully.*

Describe Cause of Problem and Remedial Action Taken.*

Describe Area Affected and Cleanup Action Taken *



I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature Robert A. Jordan	OIL CONSERVATION DIVISION	
Printed Name: Robert A. Jordan	Approved by District Supervisor: Denny Foutz for Frank Chavez	
Title: Production Specialist	Approval Date: 9/25/02	Expiration Date:
Date: 9-19-02 Phone: 370-1395	Conditions of Approval:	Attached <input type="checkbox"/>

* Attach Additional Sheets If Necessary

N DGF 0225958107



Incident Report Form

For Instructions: Click on 'Instructions' worksheet (below window)

EHS Office use only:

Division:

Mark all pertinent checkboxes:

<input checked="" type="checkbox"/> Devon Energy Production Co.,	<input type="checkbox"/> Devon Gas Services, L.P.	<input checked="" type="checkbox"/> Devon SFS Operating, Inc.	<input type="checkbox"/> Devon MND Operating, Inc.
<input type="checkbox"/> Employee	<input type="checkbox"/> Directly Supervised Contractor	<input type="checkbox"/> Contractor	<input type="checkbox"/> Third Party
<input type="checkbox"/> Injury/Illness	<input checked="" type="checkbox"/> Spill	<input type="checkbox"/> Air Release	<input type="checkbox"/> DOT
<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss (Names Optional)	<input type="checkbox"/> PSM
<input type="checkbox"/> NPDES Related	<input type="checkbox"/> Other (What was	Spill	

1. Reporting Information

Report Date: September 13, 2002	Report Time (a.m. / p.m): 11:00a
Name and Title Reporting: Robert Jordan (Tech.)	
Name and title of person that discovered the incident: Kirk Becker Lease Operator	
Time and date incident discovered/occurred: Date: September 13, 2002	Time (a.m. / p.m): am

2. What Happened?

X-over on sediment tank plugged and overflowed tank.

Working Activity	<input type="checkbox"/> Operations	<input type="checkbox"/> Drilling	<input type="checkbox"/> Workover	<input type="checkbox"/> Completions
	<input type="checkbox"/> Facility Construction	<input type="checkbox"/> Pipeline Operations	<input type="checkbox"/> Pipeline Construction	<input checked="" type="checkbox"/> Other

3. Contractor Information

Contractor Co. Name:	
Address:	
Contact Name/Title and Phone#:	

4. Location

Lease Name/Area & Block: N.E.B.U. Middle Mesa SWD #2	OCSG #:	Pipeline/Well #:
State: New Mexico	County/Parish: U.S.A	
Qtr./Qtr Sec.: SW/SW	Section: 11	Township: 31 Range: 7w
Longitude:	Latitude:	
Nearest Town, (name, distance and direction from incident):		
Southeast of Ignacio 15 miles.		

5. Injuries (Employee and Contractor):

Name of Injured:	Others?:	DOB(1):	DOB(2):
Work Telephone #:	Home #:	Occupation:	
How were they injured?	Body Part Injured:		
Extent of Injuries:			
Witness Name:		Witness Telephone #:	
Was the injured person transported for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Hospital/Doctor information			
Hospital Name:	Address:	Telephone:	
Doctor Name:	Address:	Telephone:	
Describe Treatment (if known):			

To be completed by the EHS Group: (provide OSHA 301 if incident is an OSHA recordable)

<input type="checkbox"/> First Aid Only	<input type="checkbox"/> Medical	<input type="checkbox"/> Job Transfer or Restriction	<input type="checkbox"/> Days Away from Work	<input type="checkbox"/> Fatality	<input checked="" type="checkbox"/> Non-Work Related
---	----------------------------------	--	--	-----------------------------------	--

6. Spills and Air Releases

Material Released:	<input type="checkbox"/> Oil	<input type="checkbox"/> Water	<input type="checkbox"/> Chemical	<input type="checkbox"/> Air Emission	<input type="checkbox"/> Other, specify	oil, water and chemical	
Quantity Released:	Oil	2 bbls	Water	2 bbls	Quantity	Oil	Water
(report all liquids in Bbls)	Chemical	.5 bbls	Other		Recovered	Chemical	Other
Size of the affected area:	70' x 6'						
Time of air release:	Start:				End:		
Describe Area, Property, and Wildlife impacted:							
Describe Immediate Actions taken: Steam cleaned tank and remove gravel (to farm) and replaced w/ new rock.							
Describe Response Actions:							

7. Vehicle Accident

Driver's Name:		Driver's License #:		DL State:	
Devon Vehicle No.:		If injuries, complete no. 5 above and/or no. 10 below.			
Witness Name:		Witness Phone #:			
Was the accident covered by DOT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, provide DOT#:			
Was a Citation issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, to whom was it issued?			

8. Preventive/Corrective Actions (Do not complete for contractors, they will submit their own)

Describe what has/will be done to prevent this incident from happening again here or at another location:

Treat tank to break out oils.					
Responsible Person:	Robert Jordan	Due Date:	9/16/2002	Completed Date:	9/16/2002

9. Weather Conditions

Describe conditions of ground:	Raining and wet.				
Describe Sea conditions:	Wave Height:	Direction:	Current Speed:	Direction:	
Temperature: (F)	Describe Weather:				
Wind Speed:	Direction:	Did the weather affect this incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Third Party Involvement

Driver's Name:		Driver's Phone #:	
Driver's License #:		Licensing State:	
Vehicle License #:		Licensing State:	
Insurance Co. Name:		Insurance Co. Phone #:	
Insurance Policy #:		Trucking Co. Name:	State PUC #:

11. Notifications**Internal Notifications**

Date	Devon Persons Notified	Time	Phone Number	Fax Number
9/13/2002	Darren Smith, Earl Knight, Darren Segerest	2:00 PM		

Agencies / Authorities Notifications

Date	Agency / Authority	Time	Contact Person	Incident / Case #	Phone/Fax	Report Due
	<input type="checkbox"/> USEPA					
	<input type="checkbox"/> MMS					
	<input type="checkbox"/> OSHA					
	<input type="checkbox"/> US Coast Guard					
	<input type="checkbox"/> NRC					
	<input type="checkbox"/> BLM					
9/13/2002	<input checked="" type="checkbox"/> State	11:00a	Denny Foutz			
	<input type="checkbox"/> DOT					
	<input type="checkbox"/> Local					

Other Notifications

Date	Persons Notified	Time	Phone Number	Fax Number
Reviewed By:			Date:	