

Injury of employee, other person, property damage or release.



HSE Use:  Tracker  Incident: # \_\_\_\_\_

**MUST BE COMPLETED WITHIN 24 HOURS**

# Incident Notification Report

Initial Report Description: 8" poly surface pipeline release Today's Date: 6-23-26

Name of Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Yrs./ Experience Select Years with NGL: \_\_\_\_\_

## LOCATION INFORMATION

Location: Blue Quail State: NM County: Lea  
Client Location: N/A Client notified?  Yes, name: N/A  No  
Division: Water Solutions Operations Director: Hiparco Aranda Field Foreman: Sammy Ruiz  
Site Safety: Daniel Orr

## INCIDENT DATA

Incident Classification: Select Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM  
Injured Body Part: \_\_\_\_\_ Injury/Illness Type: \_\_\_\_\_ Injury Cause: \_\_\_\_\_  
Incident Category: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_  
 Treatment was given: Select  First Aid was given: Select  
Physician: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Post-Accident UA:  Required - Type:  DOT  Non-DOT  N/A Date: \_\_\_\_\_  
Facility: \_\_\_\_\_ Collector: \_\_\_\_\_

## RELEASE DATA

Location: Blue Quail State: NM County: LEA  
Client Location: N/A Operator Notified  Yes, name: N/A  No  
Date of Release: 6-23-26 Time of Release: 12:00 PM Type of Liquid Produced Water  
Total BBLs Released: 500 Total BBLs Inside Containment: 250 Totals BBLs Recovered: 440  
State Agency Notified: NM OCD Federal Agency Notified: NO

**Description of incident below.**

An 8-inch poly surface pipeline split at the Blue Quail transfer facility. Releasing 500 BBLs of produced water onsite, inside containment with volume migrating off pad as well. Third-party trucks were dispatched to begin volume recovery efforts. Contract crew were dispatched to begin repairs. 440 BBLs were recovered leaving 60 BBLs unrecoverable. NGL management will develop a remediation plan. The released volume did warrant notification to the NMOCD. Incident number AP2617457331

**Location:**

**Lat: 32 degrees 12'33.6"N**

**Long: 103 degrees 36'15.7"W**

**Lessons Learned:** •

**Contributing Factors:** •

Corrective Actions	Target Date	Date Completed
1.		

**Please check applicable items and submit with this report:**

- |   |  |
|---|--|
| <input type="checkbox"/> JSA/SOP<br><input type="checkbox"/> Additional Drawings/Diagrams<br><input type="checkbox"/> Incident Pictures (re-enactment, if possible) | <input type="checkbox"/> If Corrective Action(s) has occurred, please include training/meeting rosters or other documentation that shows the corrective action has been completed. |
|---|--|

**Witness(es) – The person conducting the investigation must complete the information below, as required, and attach Addendum A (Employee/Witness Statement) when submitting the report.**

Witness Name	NGL Employee	Payroll ID	Written Witness Statement
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attached

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

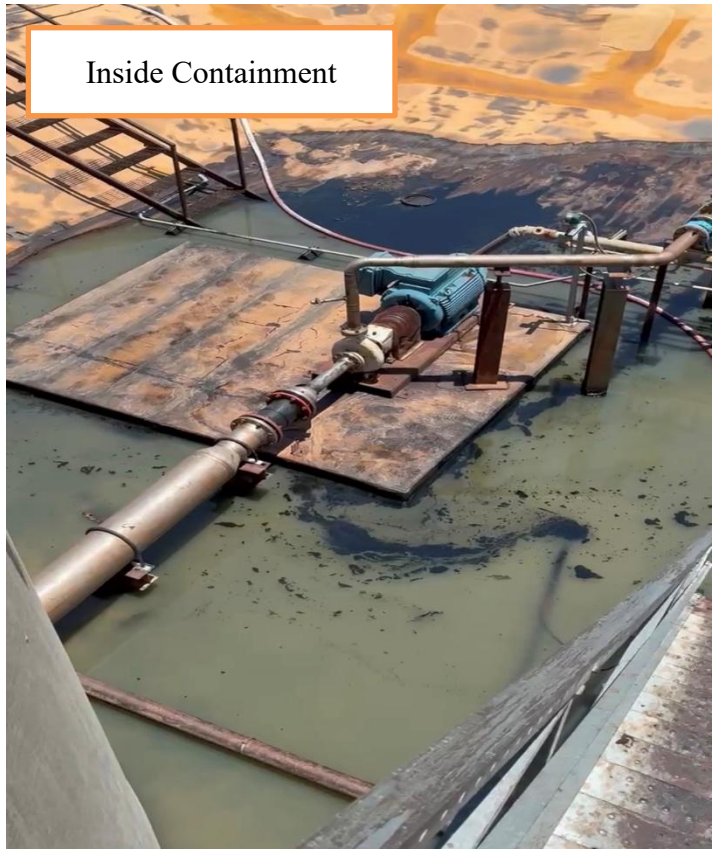
**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

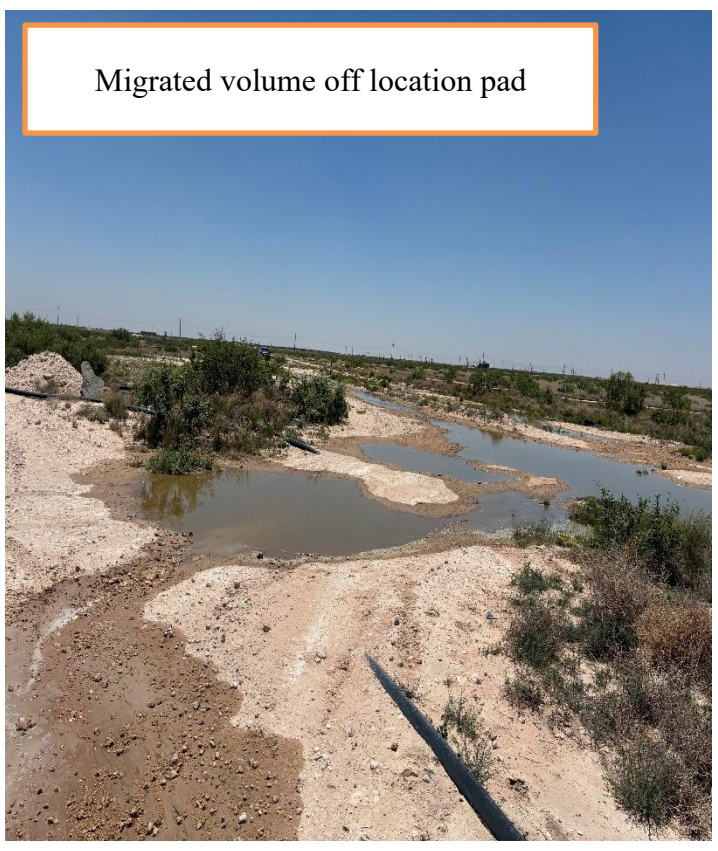
Attach drawings/diagrams/pictures that will aid in description below



Location of split of 8" inch poly surface line



Inside Containment



Migrated volume off location pad

# Vehicle Incident Report

Driver: \_\_\_\_\_ Is Driver on NGL Approved Driver List?  Yes  No

Driver License#: \_\_\_\_\_ Issuing State: \_\_\_\_\_ License Expiration: \_\_\_\_\_

### Vehicle Type

NGL Vehicle, Unit #: \_\_\_\_\_  NGL Leased Vehicle, Unit #: \_\_\_\_\_  Mobile Equipment, Unit #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Estimate: \$ \_\_\_\_\_

### Non-Employee Personal Injury

Name: \_\_\_\_\_ Type of Injury: Select Body Part: Select

Comments: \_\_\_\_\_

### Non-Employee's Property Damage or Loss

Owner: \_\_\_\_\_ Damage or Loss: \_\_\_\_\_ Estimate: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Approximate Vehicle Speed: \_\_\_\_\_ NGL Employee: \_\_\_\_\_ mph Other: \_\_\_\_\_ mph Posted: \_\_\_\_\_ mph

Describe weather and road conditions: \_\_\_\_\_

Description of Incident	Draw diagram of vehicle/equip. positions before and after accident.
	<div data-bbox="755 1115 984 1207" style="border: 1px solid black; padding: 5px; width: fit-content;">Indicate North</div>

### REVIEW SIGNATURES:

Director/Safety: Daniel Orr

Date: 6-23-26

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 600041

**QUESTIONS**

Operator: NGL WATER SOLUTIONS PERMIAN, LLC 865 North Albion Street Denver, CO 80220	OGRID: 372338
	Action Number: 600041
	Action Type: [C-141] Initial C-141 (C-141-v-Initial)

**QUESTIONS**

<b>Prerequisites</b>	
Incident ID (n#)	nAPP2617457331
Incident Name	NAPP2617457331 BLUE QUAIL @ A-19-24S-33E
Incident Type	Produced Water Release
Incident Status	Initial C-141 Received

<b>Location of Release Source</b>	
<i>Please answer all the questions in this group.</i>	
Site Name	Blue Quail
Date Release Discovered	06/23/2026
Surface Owner	State

<b>Incident Details</b>	
<i>Please answer all the questions in this group.</i>	
Incident Type	Produced Water Release
Did this release result in a fire or is the result of a fire	No
Did this release result in any injuries	No
Has this release reached or does it have a reasonable probability of reaching a watercourse	No
Has this release endangered or does it have a reasonable probability of endangering public health	No
Has this release substantially damaged or will it substantially damage property or the environment	No
Is this release of a volume that is or may with reasonable probability be detrimental to fresh water	No

<b>Nature and Volume of Release</b>	
<i>Material(s) released, please answer all that apply below. Any calculations or specific justifications for the volumes provided should be attached to the follow-up C-141 submission.</i>	
Crude Oil Released (bbls) Details	Not answered.
Produced Water Released (bbls) Details	Cause: Equipment Failure   Pipeline (Any)   Produced Water   Released: 500 BBL   Recovered: 440 BBL   Lost: 60 BBL.
Is the concentration of chloride in the produced water >10,000 mg/l	No
Condensate Released (bbls) Details	Not answered.
Natural Gas Vented (Mcf) Details	Not answered.
Natural Gas Flared (Mcf) Details	Not answered.
Other Released Details	Not answered.
Are there additional details for the questions above (i.e. any answer containing Other, Specify, Unknown, and/or Fire, or any negative lost amounts)	A 8" poly surface pipeline split at the Blue Quail transfer facility. All released volume remained onsite, third-party trucks were dispatched to begin volume recovery efforts. Contract crews were dispatched to begin repairs. The released volume did warrant notification to the NMOCD.

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QUESTIONS, Page 2

Action 600041

**QUESTIONS (continued)**

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**QUESTIONS**

<b>Nature and Volume of Release (continued)</b>	
Is this a gas only submission (i.e. only significant Mcf values reported)	<b>No, according to supplied volumes this does not appear to be a "gas only" report.</b>
Was this a major release as defined by Subsection A of 19.15.29.7 NMAC	<b>Yes</b>
Reasons why this would be considered a submission for a notification of a major release	<b>From paragraph A. "Major release" determine using: (1) an unauthorized release of a volume, excluding gases, of 25 barrels or more.</b>
<i>With the implementation of the 19.15.27 NMAC (05/25/2021), venting and/or flaring of natural gas (i.e. gas only) are to be submitted on the C-129 form.</i>	

**Initial Response**

*The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury.*

The source of the release has been stopped	True
The impacted area has been secured to protect human health and the environment	True
Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices	True
All free liquids and recoverable materials have been removed and managed appropriately	True
If all the actions described above have not been undertaken, explain why	NA

*Per Paragraph (4) of Subsection B of 19.15.29.8 NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please prepare and attach a narrative of actions to date in the follow-up C-141 submission. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see Subparagraph (a) of Paragraph (5) of Subsection A of 19.15.29.11 NMAC), please prepare and attach all information needed for closure evaluation in the follow-up C-141 submission.*

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD 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 OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD 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.

I hereby agree and sign off to the above statement	Name: Amanda Medina Title: Regulatory Consultant Email: amanda.medina@iptwell.com Date: 06/29/2026
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QUESTIONS, Page 3

Action 600041

**QUESTIONS (continued)**

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**QUESTIONS**

**Site Characterization**  
*Please answer all the questions in this group (only required when seeking remediation plan approval and beyond). This information must be provided to the appropriate district office no later than 90 days after the release discovery date.*

What is the shallowest depth to groundwater beneath the area affected by the release in feet below ground surface (ft bgs)	Not answered.
What method was used to determine the depth to ground water	Not answered.
Did this release impact groundwater or surface water	No
<b>What is the minimum distance, between the closest lateral extents of the release and the following surface areas:</b>	
A continuously flowing watercourse or any other significant watercourse	Not answered.
Any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)	Not answered.
An occupied permanent residence, school, hospital, institution, or church	Not answered.
A spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes	Not answered.
Any other fresh water well or spring	Not answered.
Incorporated municipal boundaries or a defined municipal fresh water well field	Not answered.
A wetland	Not answered.
A subsurface mine	Not answered.
An (non-karst) unstable area	Not answered.
Categorize the risk of this well / site being in a karst geology	Not answered.
A 100-year floodplain	Not answered.
Did the release impact areas not on an exploration, development, production, or storage site	Not answered.

**Remediation Plan**  
*Please answer all the questions that apply or are indicated. This information must be provided to the appropriate district office no later than 90 days after the release discovery date.*

Requesting a remediation plan approval with this submission	No
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*The OCD recognizes that proposed remediation measures may have to be minimally adjusted in accordance with the physical realities encountered during remediation. If the responsible party has any need to significantly deviate from the remediation plan proposed, then it should consult with the division to determine if another remediation plan submission is required.*

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CONDITIONS

Action 600041

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**CONDITIONS**

Created By	Condition	Condition Date
nvez	None	6/30/2026