HOBBS OCD

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

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 DEC 0 8 2011

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Form C-141 Revised March 17, 1999

Final Report

7

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

RECEIVED with Rule 116 on back side of form

Initial Report

Release Notification and Corrective Action

OPERATOR

| Name of Company CHEVRON | | | | | | Contact David Pagano | | | | | |
|---|--------------|---------------|----------------|---------------------------|--|---|----------------|--------------|----------------------------|----------------|--|
| Address | | | | | | Telephone No. Office: 575-396-4414 ext 275 Cellular: 505-787-9816 | | | | | |
| 56 Texas Camp Road, Lovington NM 88260 Facility Name: West Lovington Unit #76 | | | | | | | | | | | |
| Facility Nan | ne: West | Lovington U | | | Facility Type: Producing Well | | | | | | |
| Surface Ow | ner: | | Mineral Ov | vner | Lease No. | | | | | | |
| LOCATION OF RELEASE-API # | | | | | | | | | | | |
| Latitude: 32.8636493138 Longitude: -103.368394812 APi 共 30.025・31260 | | | | | | | | | | | |
| Unit Letter | Section | Township | Range | | | South Line | Feet from the | | Vest Line | County | |
| I | 5 | 17.08 | 36E | | | | | | | Lea | |
| 1 | | 17.03 | 300 | | | | | L | i | | |
| NATURE OF RELEASE- | | | | | | | | | | | |
| Latitude = 32.86364931; Long. = -103.3683948 Type of Release Crude Oil and produced Water Spill Volume of Release 4.5bbls of Volume Recovered 5.25 bbls fluid | | | | | | | | | | | |
| Type of Rele | ase Crude | Oil and produ | r Spili | | Totalia of Iteleane Tibe of St. | | | recovered | | | |
| • | | | | | | produced water and 0.75 bbl recovered of oil | | | | | |
| Source of Release: Flow Line | | | | | | Date and Hour of Occurrence | | | Date and Hour of Discovery | | |
| | | | | | | 12/6/2011 09:00 am | | | 12/6/2011 10:00 am | | |
| Was Immedia | ate Notice (| Given? | No 151 Not Rea | nired | If YES, To Whom? Mr. Leking by E- Mail | | | | | | |
| | | | | | | | | | | | |
| By Whom? 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.* | | | | | | | | | | | |
| | | | | | | | | | | | |
| Poly Line froze in cold weather and caused release of 4.5bb.s of produced water and 0.75 bbls of oil. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Describe Area Affected and Cleanup Action Taken.* | | | | | | | | | | | |
| Fluids were vacuumed up with vac truck and contaminated soil is being excavated up to 2 feet, once complete the soil will be evaluated to determine the | | | | | | | | | | | |
| extent of remediation. | | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| | | | | OIL CONSERVATION DIVISION | | | | | | | |
| Signature: | Signature: | | | | | | | | | | |
| Printed Name | : David P | agano . | | | Approved by District Supervisor: Map Al Marine | | | | | | |
| | | | | | | | | | | | |
| Title: Health | 1 & Enviro | onmental Spe | | 1 | Approval Dat | c: 12/08/11 | | Expiration I | Date: 02/08/12 | | |
| Date: 12/7/11 Phone: 505-787-9816 | | | | | | Conditions of | Approval: SUBY | MA F | INAL | Attached | |
| Attach Additional Sheets If Necessary | | | | | | | 0210817 | <u>.</u> | | 1RP-12-11-2769 | |