<u>District I</u> 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 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

Revised October 10, 2003

Form C-141

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

Release Notification and Corrective Action													
NMW 1326339551						OPERATOR				al Report		Final Report	
Name of Company: Holly Transportation LLC. 24/2939						Contact: R.I							
Address: 1602 W. Main Artesia, NM 88210						Telephone No.(575)513-8314							
Facility Nar	ne: Contin	ental A State		Facility Type: Well Lease									
Surface Ow	ner : Mycc	Oil Co.	wner:				Lease 1	No.42298					
				LOCA	TIOI	N OF REI	LEASE						
Unit Letter Section Township Range Feet from the North					North/	South Line	Feet from the	East/V	East/West Line County				
	10	19S	29E							Eddy			
		Latitude	32*40'	26" N	L	ongitude_	104* 3' 27"	W					
NATURE OF RELEASE													
Type of Release Crude Oil Volume of Release 8 bbls Volume Recovered 3 bbls													
Source of Rel Hose disconn		tmiole				Date and Hour of Occurrence Date and Hour of Discovery						ļ	
Was Immedia			⊠ No [Not Required		9-12-13 0745 hrs. 9-12-13 0745 hrs. If YES, To Whom? NMOCD Message line							
By Whom? I Was a Water			a V Na			Date and Hour 9-12-13 1052 hrs. If YES, Volume Impacting the Watercourse. N/A							
			_			II YES, VC	nume impacting				1		
If a Watercou	ırse was Imp	pacted, Descri	be Fully.*	' N/A				\	1EUE				
								1	SEP 1	6 2013	1		
,													
Describe Car	use of Prob	lem and Ren	nedial Act	ion Taken.*Load	hose be	etween truck	numn and trailer	disconne	M <u>OGR</u>	APTES	entelv	8 barrels to	
that 30-40 ba	rrels were lo	ost. Later dete ink gauges. Pr	rmined the oducer wa	s run off the pad on at 34 barrels were on as notified immedia c.	on the t	railer and unl	loaded at a meter	for verif	fication. Th	nis is determi	ned by	figuring the	
off pad into p	asture appre	oximate area (of 5'x40'.	aken.* 5-7 barrels A vac truck was in I clean up and rem	nmedia	tely called ou	it and recovered	3 barrels	from pad a				
regulations al public health should their o	I operators a or the enviruperations had ment. In a	are required to conment. The ave failed to a ddition, NMO	report an acceptanc dequately CD accept	is true and comple id/or file certain rel e of a C-141 repor investigate and rer tance of a C-141 re	lease no t by the nediate	otifications ar NMOCD made contamination	nd perform corre arked as "Final F on that pose a th	ctive acti Report" d reat to gr	ons for release oes not release ound water	eases which leve the oper c, surface wa	may er ator of ter, hu	ndanger Fliability man health	
							OIL CON	SERV	ATION	DIVISIO	N		
Signature	1				1					11			
						Approved by District Supervisorigned By Mile Branche							
Printed Name: R.B. Simmons SEP 2 0 2013									A				
Title: Regulat	ory Coordin	nator Sr.				S Approval Date	EP ZU ZUI	E E	Expiration l	Date:			
E-mail Addres	ss: roger.sin	nmons@holly	frontier.co	om		Conditions of Approval				Autorbook	\Box		
D 0.16.12						Remediation per OCD Rule &				Attached			
Attach Additional Sheets If Necessary													
FJMW 1326337851 PROPOSAL NO LATER THAN: 2R4-1918 iJMW 1326340458													
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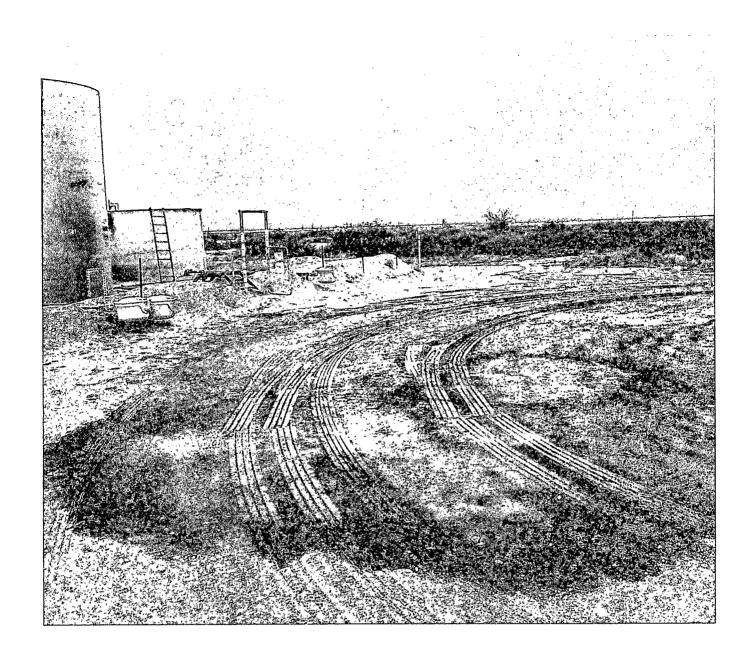


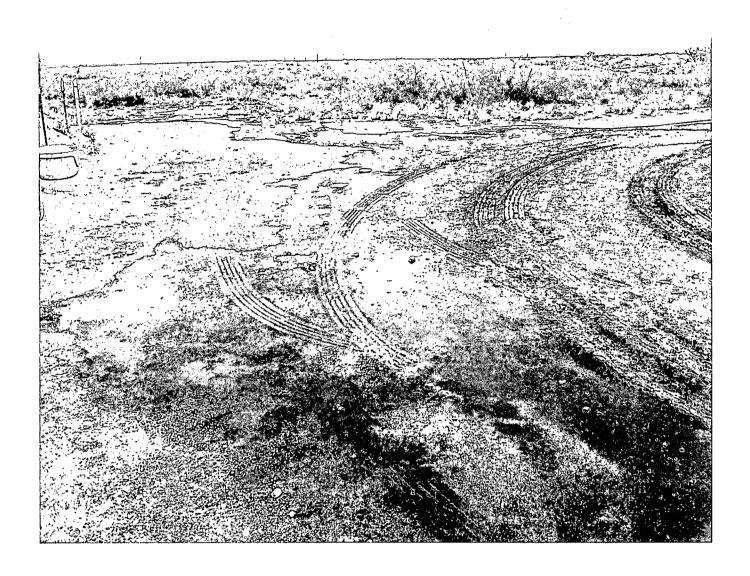
Holly Transportation Uniform Accident/Spill Report

Holly Transportation Employe		General	Information				ontract Employ	ee		
Report Date:	I Ph				one Number: Last Date Off					
9-12-13	Name:	21 (7	······						
Incident Date: TIME	Truck/Trailer#	<u>xei 1/1</u>	Empoly	yer: (Contractors	Only)	914-5419	DOT Hrs.	7-13 Remaining:		
							L	17		
9-12-13 7:45 A Employee #:	4179-120 Hire Date:	Years Exp	erience:	Med. Card Exp.	Date:	Emergency Co	ontact Na	me & No.		
	9-13-10	3								
20642 Date of Birth:	Age:		lmn	8-21-16 nediate Superviso	/ or: Nan	ne & Phone Nu	mber	11772 3 757	<u>0</u>	
6-06-82		goret	Poe			18-504				
			⊹ ↓Sp							
Time: 7'45 A Produc	ct 🗆 🗗 Cr	ude		₺ Loading	🗆 Ur	loading	□ Other			
Location of Spill & Location	oil was purchas	ed from	State	Supervisor Noti	fied 🗗	Yes □ No	Time:			
and the second of the second o				Name:						
Eddy Country Lease Owner or Operator Notifi	Myco Cont	mental	WM.	Jarres	r To) J.C				
Lease Owner or Operator Notifi	ed:'⊋Yes □ No		Time:	1170 to	Rur	n Ticket No.	E	st.bbls/gals.		
Myco Contine	ntal A	Step 1	re ·	i i i i i i i i i i i i i i i i i i i	70	060	8	bb/5	,	
Witnesses:					· · ·	<u> </u>			• • •	
Action Taken by Driver:										
Called supervi	501									
ii Moving ⊡ Parked	. □ Backing	. Ve	hicle Ac	cident 📗 🗆 P	roperty	/ Damage ↔ 🗉	Compan	v ⊡Other		
DL No. & Exp. Date	Injuries	是这些学者是"A"。\$P\$和维生活。\$P\$		Location of A	(1995年) 1995年(1995年) 1995年(1995年)	CANADA MANAGEMENT A SAME A STATE OF STATE OF	Control of the second second	Friends suite machine leiten eine weitnis	1	
	☐ Yes (If yes Complete Section				• •	سمين				
			fied □ Yes	□ No If Yes, Agen	cy & Offi	cers-Name.		· · · · · · · · · · · · · · · · · · ·		
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Supervisor & Other Notifica	ıtions Made: (Nar	nes & Phone	Numbers)	<u></u>				,		
Road Conditions: Black	Top □ Dirt/Calid	:he □ ∏wó	Lane 🗆 Fo	ur Lane □ Marke	ed.⇔ □	Yes □ No □ V	□Wet	□ Dry		
□ Traffic Controls ↔ Specify				_	cify					
Witnesses & Contact Info:	12									
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List all Property Damage-O	wners & Contac	t Info:] .				·	· · · · · · · · · · · · · · · · · · ·		
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■ Hollyfrontier E	mployee .	r ration jednje	iry.			9ther
Name of Injured Persor	r: Fill Gra	y Section Only if Instruc	ted by Supervisor.	Notice of Ir	njury Filed: 🗆 Yes 🙃	No
		•	en e		and the second s	
Nature of Injury:	<u> </u>	t/Scrape □ Smash	□ Sprain / Strain	□ Burn □ Break	☐ Dislocation	
· · · · · · · · · · · · · · · · · · ·	□ Puncture		□ Loss o	f Limb (Including Finge	ers or Toes)	
Describe Injury:			1			· · · · · · · · · · · · · · · · · · ·
Place Injury Occui	red:				r Notified: □ Yes	□ No
				Name:		·
Other Notifications Ma	de: (include names & F	hone Numbers		First Aid: Yes	□ No (Describe)	• • •
				No. of the last of		
Job Performing at	time of Injury:	Normal Job Duties	: □ Yes □ No County Injury	Date of Injury:		
				Secretary		
		<u>.</u>	Was injured p	aid in full for this da	iy □ Yesv⊪, ⊡No≵	
	oer: Sex:: • Male:: • Marital:Status: • •	Female: ∰ Married □ Single □ D Numbe	l person's address ivorced er Hrs. Per Week:	Minor Children:	cesibeing used:	
NARE	RATIVE (Ex	plain Incident in Detail -	Who What When Who	ire Why & How can this h	ne avoided in the future)	-
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Revised 2/2013	Majur	Jom	N.		<u> </u>	

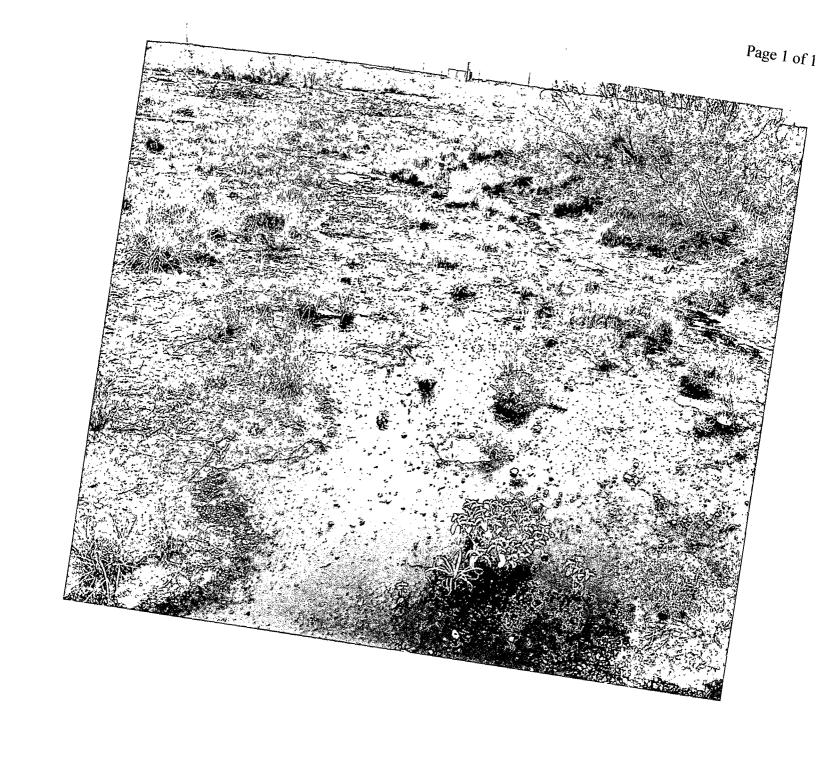


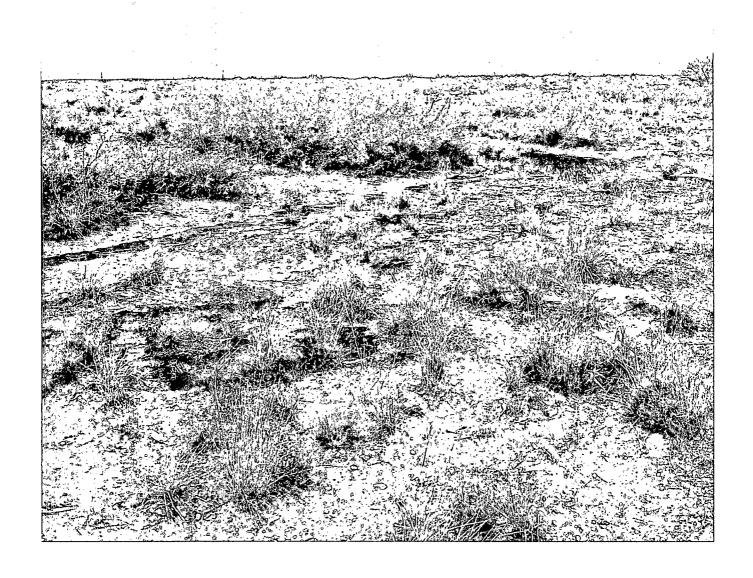












Bratcher, Mike, EMNRD

From: Vernon Black <VBlack@Hungry-Horse.com>

Sent: Tuesday, September 17, 2013 8:29 AM

To: Bratcher, Mike, EMNRD

Subject: FW: C141

Attachments: MX503NTRK@HOLLYFRONTIER.COM_20130916_135712.pdf

Hello Mike,

I think R. B. Simmons with Holly Trans was going to send you this. We're taking care of the remediation for them. It's not much to it. We were able to get there in a couple of hours form the time it hit the ground so there was very little downward migration. We've got it all up and stockpiled on the pad and plane to haul it the disposal tomorrow or Thursday. Samples are at the lab and I should have them back in a day or so. I'll shoot you the results as soon as I get them.

Vernon

From: Simmons, Roger [mailto:Roger.Simmons@hollyfrontier.com]

Sent: Tuesday, September 17, 2013 7:12 AM

To: Vernon Black **Subject:** C141

Let me know that you received this.

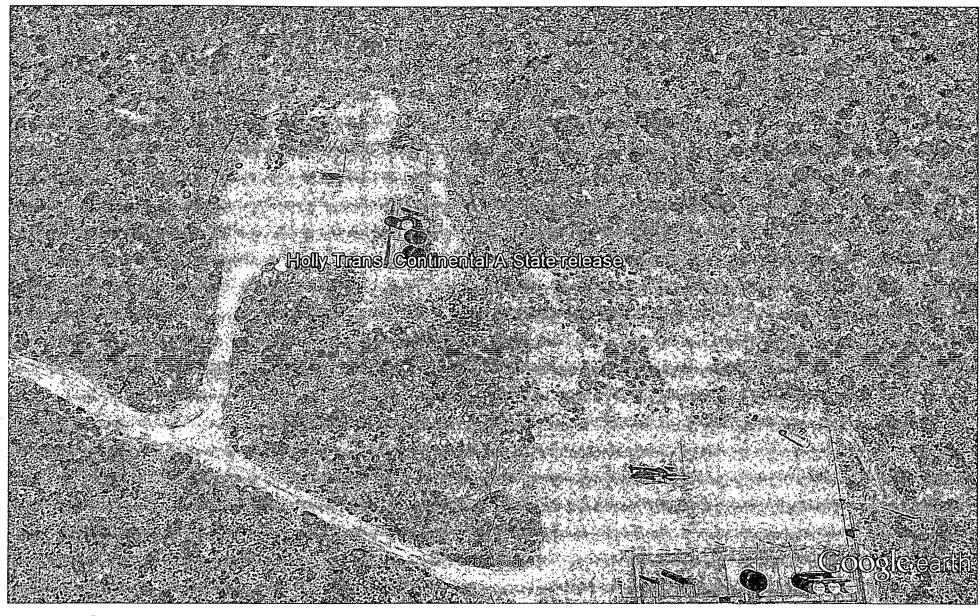
Also were you able to make a decision as to where you will take the contaminated soil?

Thank You R.B. Simmons Regulatory Coordinator Sr. Logistics/Transportation HollyFrontier Companies Cell (575)513-8314

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