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

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

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| $\mathbf{D}_{\mathbf{a}} = \mathbf{A} + $ | | | | | | | | | | | | | | |
|--|--|----------------|----------------|--|-------------------------------|------------------------|---|-------------------------------|---------------------------------|-------------------|--|-----------|--|--|
| Release Notification and Corrective Action | | | | | | | | | | | | | | |
| | | | | | | | FOR | | 🗌 Initial Report 🛛 Final Report | | | | | |
| | | | | | | | Contact BERNAL, THOMAS | | | | | | | |
| Address 329 Marathon Rd, LakewoodTelephone No. (575) 628-4112Facility Name INDIAN BASIN GAS PLANTFacility Type | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Surface Ow | ner | | | Mineral (| NDIAN BA | DIAN BASIN Lease No. | | | | | | | | |
| | | | | LOCA | ATIO | N OF REI | LEASE | | | | | | | |
| Unit Letter | ter Section Township Range 23 21-S 23-E Feet from the N | | | | orth/South Line Feet from the | | | East/West Line County Eddy | | | | | | |
| 1 | Latitude <u>32°27'52.502''</u> Longitude <u>104°34'28.004''</u> | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | | |
| Type of Release Gas | | | | | | | Volume of Release 56 MCF Volume Recovered 0 | | | | | | | |
| Source of Release Acid Gas Flare - SSM | | | | | | | | | | | Date and Hour of Discovery 5/25/2011 8:40:00 AM | | | |
| Was Immediate Notice Given? | | | | | | | If YES, To Whom? | | | | | | | |
| By Whom? NA | | | | | | | Date and Hour NA | | | | | | | |
| Was a Watercourse Reached? | | | | | | | If YES, Volume Impacting the Watercourse. | | | | | | | |
| | | NA | | | | | | | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | RECEIVED | | | | | |
| NA | | | | | JUN 14 2011 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Describe Ca | ise of Probl | | NMOCD ARTESIA | | | | | | | | | | | |
| Cause: | .30 01 1 1001 | | | Ľ | 4141000 | | I | | | | | | | |
| QUARTERLY ACID GAS COMPRESSOR OIL CHANGE | | | | | | | | | | | | | | |
| | Remedial Action Taken: SENT TO FLARE TO REDUCE THE VOC AND H2S EMISSIONS. HAD ALL MATERIALS STAGED BEFORE UNIT WAS SHUTDOWN WHICH | | | | | | | | | | | | | |
| ALLOWED US TO COMPLETE JOB IN AN EXPEDITIOUS MANNER. | | | | | | | | | | | | | | |
| Describe Are | ea Affected | and Cleanup | Action Ta | ken.* | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| I hereby cert | ify that the | information g | iven abov | e is true and com | plete to t | he best of my | knowledge and u | indersta | and that pur | suant to NM | OCD | rules and | | |
| regulations a | ll operators | are required t | o report a | nd/or file certain | release n | otifications a | nd perform correct | ctive ac | tions for re | leases which | may e | ndanger | | |
| | | | | ce of a C-141 rep y investigate and | | | | | | | | | | |
| or the enviro | nment. In a | addition, NMC | OCD acce | ptance of a C-141 | report d | loes not reliev | ve the operator of | respon | sibility for a | compliance v | with an | y other | | |
| federal, state | , or local la | ws and/or reg | ulations. | | r | | | arns | | DIVIDI | | | | |
| | | | | | | <u>OIL CONSERVATIO</u> | | | | <u>N DIVISION</u> | | | | |
| Signature: | | | | | | | | | Accepted for record | | | | | |
| Drinted Nam | ANDP | | D | | | Approved by | District Supervis | sor: | • | NMOCD | | | | |
| | | A J BALLAR | | | | S | EP 27 201 | 3 | | | | | | |
| Title: HE | S SPE | CIAList | | | | Approval Da | te: | | Expiration | Date: | | | | |
| E-mail Address: sandy_ballard@oxy.com Conditions of Approva | | | | | | | | | | | | | | |
| · | | | | | | | | | Attached | | | | | |
| Date: 6- | 10-2 | .0(1 | : 575-513-8020 | | | | | | | | | | | |
| * Attach Add | itional She | ets If Necess | sary | | Th | 1112 | 27038 | 732 | | ZKI | / | 192/5 | | |
| (MC7 | N 1.21 | L 103 | 6412 | | | "VVI | | | , | • | | | | |