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## State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised August 8, 2011

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

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

2RP-950

| Release Notification and Corrective Action                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|---------------------|---------------------------------------|--------------------------------------------|-----------------------------------------------------------------|-----------|--------------------------|---------------------------------------|----------------------|--------------|--|
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | OPERATOR                                   |                                                                 |           | 🗌 Initi                  | al Report                             | $\boxtimes$          | Final Report |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | Contact Brian Wall                         |                                                                 |           |                          |                                       |                      |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | Telephone No. (806) 367-0645               |                                                                 |           |                          |                                       |                      |              |  |
| Facility Name H.E. West B #2 Btry – West B 88                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | Facility Type Battery                      |                                                                 |           |                          |                                       |                      |              |  |
| Surface Owner BLM Mineral Owner                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | BLM API No. 3001528537                     |                                                                 |           |                          |                                       |                      |              |  |
| LOCATION OF RELEASE                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Unit Letter                                                                                                                                                                                                                                                                                                                                                           | Section                                                                                                                                                                                                                                                                                                                                         | Township                           | Range                    | Feet from the       | North                                 | South Line                                 | Feet from the                                                   | East/     | West Line County         |                                       |                      |              |  |
| D                                                                                                                                                                                                                                                                                                                                                                     | 9                                                                                                                                                                                                                                                                                                                                               | 175                                | 31E                      | 1309                | L                                     | N                                          | 1310                                                            |           | N                        | Eddy                                  |                      |              |  |
| Latitude_32° 51' 16.4" Longitude103° 52' 47.3"                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| NATURE OF RELEASE                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Type of Release Oil and Produced Water                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | Volume of Release 110 Volume Recovered 98  |                                                                 |           |                          |                                       |                      |              |  |
| Source of Release                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            | Date and Hour of Occurrence Date and Hour<br>0/28/2011 11:25 am |           |                          | Hour of Disc                          | covery               |              |  |
| Was Immediate Notice Given?                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | If YES, To Whom?                           |                                                                 |           |                          |                                       |                      |              |  |
| By Whom?                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 | Date and Hour                      |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| By Whom?<br>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.* Bad valves.                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Describe Area Affected and Cleanup Action Taken.* Two other environmental companies worked this site previously to RECS taking over remediation                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| activities. When RECS obtained the site, the battery had already been excavated to 1.5 – 3 ft bgs and a request to backfill the site had been approved by BLM on                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| July 26 <sup>th</sup> , 2013. As part of permission to backfill, BLM had a stipulation that Sample Point 1 needed to be delineated to find closure levels. The site was backfilled and contoured to the surrounding location. RECS took over the project on August 27 <sup>th</sup> , 2013. A vertical was attempted at Point 1 on September 17 <sup>th</sup> , 2013; |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| however, installation was aborted when a fiberglass line was found below Point 1. On September 20th, 2013, RECS met with NMOCD and NMOCD stated that                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| RECS needed to assess the release outside the bermed battery area. On September 25 <sup>th</sup> , 2013, RECS met with BLM and BLM stated that the work was completed inside the battery and RECS needed to assess the release outside the battery. RECS sampled that area outside the battery on beginning on October 8 <sup>th</sup> , 2013.                        |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Samples were                                                                                                                                                                                                                                                                                                                                                          | ery and REC                                                                                                                                                                                                                                                                                                                                     | S needed to as<br>he surface at se | sess the rel             | ease outside the ba | attery. R                             | ECS sampled                                | that area outside the                                           | he batter | Point 7 wa               | ung on Octob                          | er 8 <sup></sup> , 2 | 2013.        |  |
| The samples w                                                                                                                                                                                                                                                                                                                                                         | Samples were taken from the surface at seven points within the release area outside the bermed battery and one sample, Point 7, was taken as background sample.<br>The samples were field tested for chlorides and organic vapors and the samples were taken to a commercial laboratory for analysis. All the samples returned                  |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            | tory standards, exc                                             |           |                          |                                       |                      |              |  |
| December 6 <sup>th</sup>                                                                                                                                                                                                                                                                                                                                              | J value of 5, 2013 and NM                                                                                                                                                                                                                                                                                                                       | ,890 mg/kg. A                      | Corrective<br>ed the CAF | e Action Plan (CA)  | P) was si<br>2014 - 4                 | ubmitted to NI                             | WOCD and BLM of the                                             | on Dece   | mber 5 <sup>m</sup> , 20 | <ol> <li>BLM approved that</li> </ol> | proved since the     | the CAP on   |  |
| encompasses a                                                                                                                                                                                                                                                                                                                                                         | December 6 <sup>th</sup> , 2013 and NMOCD approved the CAP on February 11 <sup>th</sup> , 2014. As a stipulation for approval of the CAP, NMOCD requested that since this release encompasses another release at the site, a final C-141 for the 2RP-950 be enclosed with the final documentation for this site. RECS personnel were on site on |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| February 24 <sup>th</sup> , 2014 to conduct the CAP work. Soil amendments were added to the site and the site was seeded with BLM mix #2 and #4. The remainder of                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| contamination from the release will be addressed at site abandonment.<br>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 o                                                                                                                                                                                                                                                                                                                                                       | or the enviro                                                                                                                                                                                                                                                                                                                                   | onment. The a                      | acceptance               | of a C-141 repor    | t by the                              | NMOCD ma                                   | rked as "Final Re                                               | port" de  | oes not relie            | eve the opera                         | tor of l             | liability    |  |
| should their of                                                                                                                                                                                                                                                                                                                                                       | perations ha                                                                                                                                                                                                                                                                                                                                    | ve failed to ac                    | lequately i              | nvestigate and re   | mediate                               | contaminatio                               | n that pose a three                                             | at to gro | ound water,              | surface wat                           | er, hun              | han 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.                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Tederui, Suite,                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                 | 5 414, 01 10541                    |                          |                     |                                       |                                            | OIL CONS                                                        | ERV       | ATION                    | DIVISIO                               | N                    |              |  |
| Signature: Fred B Wall                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       |                                            |                                                                 |           | ,/                       |                                       | )                    |              |  |
| orginatare. 7                                                                                                                                                                                                                                                                                                                                                         | 101101                                                                                                                                                                                                                                                                                                                                          | 10,00                              |                          |                     | Approved by Environmental Specialist: |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                         | Brian Wa                                                                                                                                                                                                                                                                                                                                        | 11                                 | <u></u>                  |                     | lin fin                               |                                            |                                                                 |           |                          |                                       |                      |              |  |
| Title: Construction Foreman II                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                 |                                    |                          |                     |                                       | Approval Date: 5/16/19 Expiration Date: NA |                                                                 |           |                          |                                       |                      |              |  |
| E-mail Addres                                                                                                                                                                                                                                                                                                                                                         | s: Bwall@                                                                                                                                                                                                                                                                                                                                       | linnenergy.co                      | m                        |                     | c                                     | onditions of A                             | Approval:                                                       |           | Λ                        | Attached                              |                      |              |  |
| Date: 4-4-1                                                                                                                                                                                                                                                                                                                                                           | 14                                                                                                                                                                                                                                                                                                                                              |                                    | Phone:                   | (806) 367-0645      |                                       |                                            | Fina                                                            | s I       |                          | . muched                              | لب                   |              |  |

Date: \* Attach Additional Sheets If Necessary