## NM OIL CONSERVATION

ARTESIA DISTRICT

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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

AUG 0 5 2014

Form C-141 Revised August 8, 2011

Submit L Copy to appropriate District Office in RECEIVated reduce with 19.15.29 NMAC.

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

|                  |               |                 | Rele   | ease Notifica  | ition                      | and Co             | rrective A                              | ction                         | 1              |               | ,           |               |
|------------------|---------------|-----------------|--|--|----------------------------|--------------------|---|-------------------------------|----------------|---------------|-------------|---------------|
| 1AB 142 1855 87  |               |                 |  |  |                            | <b>OPERA</b>       | ΓOR                                     |                               |                | al Report     |             | Final Report  |
| Name of Co       |               |                 | 26013  | 7  | Contact: To                | ny Savoie          |   |                               |                |               |             |               |
|                  |               |                 | oad, N.M. 88220                                  |  | Telephone No. 575-887-7329 |                    |   |                               |                |               |             |               |
| Facility Nar     | ne: Big Ec    | ldy Unit 143    |  |  | F                          | Facility Typ       | e: Exploration a                        | and Pro                       | duction        |               |             |               |
| Surface Ow       | ner: Feder    | al              | vner: F  | : Federal API No. 30-015-32955                                 |                            |                    |   |                               |                |               |             |               |
|                  |               |                 |  | LOCA   | ΓΙΟΝ                       | OF REI             | LEASE                                   |                               |                |               |             |               |
| Unit Letter<br>N | 1 1 2 1       |                 |  | North/S<br>Sou   | South Line<br>th           | Feet from the 1896 | 1                                       | West Line<br>est              | County<br>Eddy |               |             |               |
|                  |               |                 |  | Latitude N 32.4  | 60336                      | _Longitud          | e_W 104.12816                           | 3                             |                |               |             |               |
|                  |               |                 |  | NATU   | JRE                        | OF RELI            | EASE                                    |                               |                |               |             |               |
| Type of Rele     |               |                 | Volume of Release: 8 bbls Volume Recovered: None |  |                            |                    |   |                               |                |               |             |               |
| Source of Re     | lease: Welli  | head Stuffing   |  |  |                            |                    |   | Hour of Discovery: 7/27/14 at |                |               |             |               |
| Was Immedia      | ate Notice (  | Given?          |  | 7/27/14 time unknown approximately 9:00 a.m.  If YES, To Whom? |                            |                    |   |                               |                |               |             |               |
| Was IIIII        |               |                 | Yes [  | No 🛛 Not Req   | uired                      | 11 125, 10         | *************************************** |                               |                |               |             |               |
| By Whom?         |               | Date and Hour   |  |  |                            |                    |   |                               |                |               |             |               |
| Was a Water      | course Read   |                 | If YES, Volume Impacting the Watercourse.        |  |                            |                    |   |                               |                |               |             |               |
| If a Watercou    | irse was Im   | pacted, Descr   | he Fully *                                       | *  |                            |                    |   |                               |                |               |             |               |
|                  |               | . ,             | •  |  |                            |                    |   |                               |                |               |             |               |
|                  |               |                 |  |  |                            | ,                  |   |                               |                |               |             |               |
|                  |               |                 |  |  |                            |                    |   |                               |                |               |             |               |
|                  |               | em and Reme     |  | n Taken.*<br>head was equipped                                 | with an                    | F-not desig        | ned to shut down                        | the unit                      | t in case of   | a stuffing h  | ov failu    | re The F-not  |
|                  |               |                 |  | ting was re-placed a   |                            |                    |   |                               | in case or     | a stating of  | ,,, ,tai, a | re. The B por |
|                  |               |                 |  |  |                            |                    |   |                               |                |               |             |               |
|                  |               |                 |  |  |                            |                    |   |                               |                |               |             |               |
|                  |               | and Cleanup A   |  |  |                            |                    |   |                               |                |               | _           |               |
| The spill imp    |               | oximately 2,62  | 5 sq.ft. of                                      | caliche well pad ar  | ea. All                    | of the fluid s     | soaked into the gr                      | ound. I                       | he spill are   | a was left as | s is pen    | ding          |
|                  |               | aned up in acc  | ordance t  | o the NMOCD and  | BLM r                      | remediation g      | guidelines.                             |                               |                |               |             |               |
|                  |               |                 |  |  |                            |                    |   |                               |                |               |             |               |
| I hereby certi   | fy that the i | information gi  | ven above  | e is true and comple   | te to th                   | e best of my       | knowledge and u                         | ndersta                       | nd that pur    | suant to NM   | OCD r       | ules and      |
| regulations al   | l operators   | are required to | report ar  | nd/or file certain rel   | ease no                    | otifications a     | nd perform correc                       | tive act                      | ions for rel   | eases which   | may er      | ndanger       |
|                  |               |                 |  | ce of a C-141 repor investigate and rer                        |                            |                    |   |                               |                |               |             |               |
|                  |               |                 |  | otance of a C-141 re   |                            |                    |   |                               |                |               |             |               |
| federal, state,  | or local lav  | ws and/or regu  | lations.   | · · · · · · · · · · · · · · · · · · ·                          |                            |                    |   |                               | ·              |               |             |               |
|                  |               |                 |  |  |                            |                    | OIL CON                                 | <u>SERV</u>                   | ATION          | DIVISIO       | <u>)N</u>   |               |
| Signature:       | 1 cm          | Savie           |  | Minned D. Miles Kranners                                       |                            |                    |   |                               |                |               |             |               |
| D. 1. 131        | <u> </u>      | A               | Approved by Environmental Specialist:            |  |                            |                    |   |                               |                |               |             |               |
| Printed Name     | : Tony Sav    | 7016            |  | <del></del>  |                            | ····               |   |                               | •              |               |             |               |
| Title: Waste     | Managemer     | nt and Remedi   |  | Approval Dat   |                            |                    | Expiration                              | Date: N                       | <del>-</del>   | <del></del> . |             |               |
| E-mail Addre     | ess: tasavoie | e@basspet.com   | n  |  |                            |                    | Approval: Reme<br>ile & Guidelines      | diation                       |                | 1             |             |               |
|                  |               |                 |  | -  | +                          | rei O.C.D. Kl      | ne & Juingilles                         |                               |                | Attached      | . Ц         |               |
| Date: 8/4/14     | ional Char    | ata If Nanan    |  | Phone: 432-556-87  |                            |                    | EDIATION PROP                           | OSAL N                        | 0              |               |             | <u> </u>      |
| Attach Addit     | nonai Snee    | eis II Necess   | ary  |  | ļ                          | LATER THAN         | : 9/7/14                                |                               | _              |               | ZRI         | D-2415        |