Closure Report

2RP-2097 = 2099

APR 30 2014

BACOD ADTESIA

RECEIVED

| | Sile Description |
|--------------------|-------------------------------|
| Site Name: | Federal 12 #1 South CTB |
| Company: | Oxy Permian Ltd. |
| Legal Description: | U/L M, Section 12, T22S, R31E |
| County: | Eddy County, NM |
| GPS Coordinates: | N 32.40041° W 103.73789° |

| | Release Data |
|--------------------|--|
| Date of Release: | 11/17/2013 and 11/20/2013 |
| Type of Release: | Produced Water |
| Source of Release: | Pump failure caused tank overflow (both leaks) |
| Volume of Release: | 45 bbls; 15 bbls |
| Volume Recovered: | 40 bbls; 0 bbls |

| | Remediatio | n Specifications | | | | | | |
|---|-----------------|---|--|--|--|--|--|--|
| RemediationExcavate to a depth of 3 to 6 inches across the entire leak areaParameters:and then backfill the area with clean soil. | | | | | | | | |
| Remediation Activities: | 03/27/2014 to 0 | 4/25/2014 | | | | | | |
| Plan Sent to OCD: | 02/20/2014 | Email from Cliff Brunson to Mike Bratcher | | | | | | |
| OCD Approval of Plan: | 02/19/2014 | Verbal approval from Bratcher in meeting | | | | | | |
| Plan Sent to BLM: | | | | | | | | |
| BLM Approval of Plan: | 02/24/2014 | Email from J. Van Curen to Cliff Brunson | | | | | | |

| | Supporting Documentation |
|------------------|--|
| Initial C-141 | Signed 12/02/2013 and 12/03/2013 |
| Final C-141 | Signed 04/29/2014 |
| Site Diagram | January 2014 |
| Groundwater Plot | 175' |
| TOPO Maps | January 2014 |
| Lab Summary | 02/05/2014 |
| Lab Analysis | 02/05/2014 |
| Correspondence | Request and approval of remediation plan via email |

Request for Closure

Based on the completion of the remediation plan as agreed upon, BBC International requests closure approval from NMOCD.

Cliff Brunson, President of BBC International Inc.

04/29/2014

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.

| 1220 S. St. Francis Dr., Santa Fe, NM 87505 San | ta Fe, NM 87 | 505 | | | | | | |
|---|--------------------|--|-----------------------|---|-----------|--------------|--|--|
| Release Notifica | tion and C | orrective A | ction | ere de al democratic de la completation d | | | | |
| | OPER A | TOR | 🔀 Initia | al Report | | Final Report | | |
| Name of Company Oxy Permian Ltd. | Contact | Chancey Summe | | | | | | |
| Address 1017 W. Stanolind Rd, Hobbs, NM 88240 | | Telephone No. (575) 397-8216 | | | | | | |
| Facility Name Federal 12 #1 South CTB | | Facility Type Gathering | | | | | | |
| | | | | | | | | |
| Surface Owner BLM Mineral Ow | ner | | API No | .30-015-26 | 742(ne | arest well) | | |
| | TION OF RI | | | | | | | |
| Unit Letter Section Township Range Feet from the | North/South Line | Feet from the | East/West Line | County | | | | |
| 12 22S 31E | | | | Eddy Cou | ntv. NM | | | |
| Lying, | Ē ana | ••••• | | | , | J | | |
| Latitude | • | tude | - | | | | | |
| | RE OF REI | | | | | ····· | | |
| Type of Release Produced Water | 45 bbls | of Release | Volume R 40 bbls | lecovered | | | | |
| Source of Release Pump failure caused tank overflow | | Hour of Occurrence | | Hour of Dis | coverv | | | |
| | 11/17/20 | 13 | | | | | | |
| Was Immediate Notice Given? | | 'o Whom? tcher-NMOCD; Ja | mac Amos PLM | | | | | |
| - | | | | 942 (2) 2, 07 | | | | |
| By Whom? Chancey Summers Was a Watercourse Reached? | | Date and Hour 11/19/13 @ 9:04am and 11/18/13 @ 2:07pm If YES, Volume Impacting the Watercourse. | | | | | | |
| ☐ Yes ⊠ No | 11 1 2 3, 1 | in TES, volume impacting the watercourse. | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | |
| The watercourse was impacted, Describer uny. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | |
| | | | | | | | | |
| A bearing on the water transfer pump went out causing the pump to I | | | | | d 45 bbl | s of | | |
| produced water to leak onto the ground. A vacuum truck recovered | 40 bbis of the lea | ked fluids and the | sump was replaced. | | | | | |
| Describe Area Affected and Cleanup Action Taken.* | | | | | | | | |
| | | | | | | | | |
| The affected area is approximately 30' x 30' on location. Remediation the BLM. | on will be compl | eted in accordance | with a remediation | plan approv | ed by Ni | MOCD and | | |
| | | | | | | | | |
| I hereby certify that the information given above is true and complete | e to the best of m | y knowledge and u | nderstand that purs | uant to NMO | OCD rul | es and | | |
| regulations all operators are required to report and/or file certain rele | ase notifications | and perform correct | tive actions for rele | ases which | may end | anger | | |
| public health or the environment. The acceptance of a C-141 report I should their operations have failed to adequately investigate and rem | by the NMOCD i | narked as "Final R | eport" does not relie | eve the oper | ator of I | ability | | |
| or the environment. In addition, NMOCD acceptance of a C-141 rep | ort does not relie | tion that pose a the | eat to ground water. | , surface wa | ith any c | an nearth | | |
| federal, state, or local laws and or regulations. | | te the operator of | | inpliance ii | tin any c | | | |
| | | OIL CON | SERVATION | DIVISIO | N | | | |
| Signature: | | | | | | | | |
| | Annandl | Environmental C | • anialist | | | | | |
| Printed Name: Chancey Summers | Approved b | Environmental S | | | | | | |
| Title: HES Specialist | Approval D | ite: | Expiration [| Date | | | | |
| | | | | | | | | |
| E-mail Address: <u>Chancey.Summers@oxy.com</u> | Conditions of | of Approval: | | Attached | | | | |

Date: 12/2/13 * Attach Additional Sheets If Necessary

Phone: (575) 397-8216

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.

| 1220 5: 51: 114 | icis Di., Suita | | , | Sa | inta F | e, NM 875 | 505 | | | | |
|---|--|---|---|---|---------------------------------|--|--|--|--|--|-----------------------------------|
| | | | Rele | ease Notific | catio | n and Co | orrective A | ction | | | |
| | | | | | | OPERA ' | ГOR | 🛛 Initi | al Report | П | Final Report |
| Name of Co | ompany | Oxy Permia | n Ltd. | | | | Chancey Summe | | | | |
| Address | | tanolind Rd, | | NM 88240 | | Telephone 1 | No. (575) 397 | -8216 | | | |
| Facility Nat | me Fede | ral 12 #1 So | uth CTB | | | Facility Typ | e Gathering | | | | |
| Surface Ow | mer BLN | M | | Mineral C |)wner | | | API No | .30-015-26 | 5742(ne | earest well) |
| | | | | LOCA | TIO | N OF RE | LEASE | | | | |
| Unit Letter | Section | Township | Range | Feet from the | North | /South Line | Feet from the | East/West Line | County | | |
| | 12 | 225 | 31E | | | | | | Eddy Cou | ntv. NM | 1 |
| L | 1 1- | | JIL | · · · · · | I | . . | | <u> </u> | Ludy Cou | ity, 1917 | J |
| | | | | Latitude | | | | ** | | | |
| | | | | NAT | URE | OF REL | | | | | |
| Type of Rele | ase Produ | uced Water | | | | Volume of | Release | Volume I 0 bbls | Recovered | | |
| Source of Release Pump failure caused tank overflow | | | | | | | Hour of Occurrence | | Hour of Dis | covery | |
| Was Immedi | ate Notice C | | | | | If YES, To | Whom? | I | | | |
| | | | Yes | No 🗌 Not Re | equired | | | nnifer Van Curen- | BLM | | |
| By Whom? Was a Water | | | | | | | lour 11/20/13 (| | | | |
| was a water | course Read | | Yes 🛛 | No | | IT YES, VO | blume Impacting t | the Watercourse. | | | |
| Describe Cau | ise of Proble | em and Reme | dial Action | n Taken.* | | | | | | | |
| | | | | | | | | er production tank repaired/replaced. | to overflow. | The ov | rerflow |
| Describe Are | a Affected a | and Cleanup A | Action Tak | en.* | | | | | | | |
| The affected the BLM. | area is appr | oximately 30° | x 30' on 1 | location. Remedia | ation w | ill be complet | ed in accordance | with a remediation | plan approv | ed by N | MOCD and |
| regulations al public health should their c | Il operators or the envir operations have ument. In a | are required to onment. The ave failed to a ddition, MMO | o report an acceptanc dequately CD accep | d/or file certain ro e of a C-141 repo investigate and re | elcase n rt by th emediat | otifications and e NMOCD m e contaminati | nd perform correc arked as "Final R on that pose a thre e the operator of r | nderstand that purs tive actions for rele eport" does not reli eat to ground water responsibility for co | eases which eve the oper , surface wa ompliance w | may end ator of l ter, hum with any o | langer liability han health |
| - | \leftarrow | | | \bigcirc | | | <u>OIL CONS</u> | SERVATION | DIVISIC | <u>iN</u> | |
| Signature: | | | | \leq | | | | | | | |
| Printed Name | :: Chance | y Summers | | | | Approved by | Environmental S | pecialist: | | | |
| Title: HES | Specialist | | | | | Approval Dat | e: | Expiration | Date: | | |
| E-mail Addre | ess: <u>Chanc</u> | ey.Summers(| @oxy.com | I | | Conditions of | Approval: | | Attached | | |
| Date: 17/ | 3/13 | | Phone: | (575) 397-821 | 6 | | | | | | |

* Attach Additional Sheets If Necessary

State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised August 8, 2011

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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.

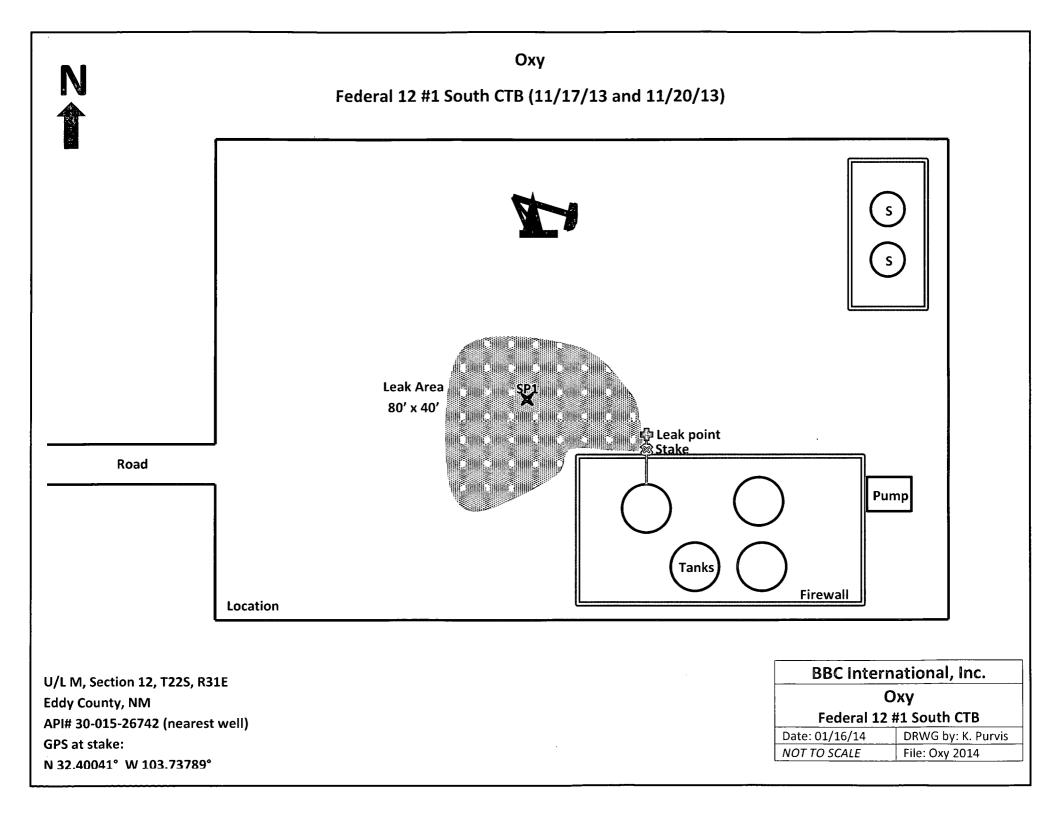
| 1220 S. St. Plan | 013 D1., Dama | | , | Sa | anta Fe | <u>ə, NM 875</u> | -05 | | | |
|------------------|------------------|--|-----------------------|-------------------------------------|------------|--------------------------|---------------------------------------|---|---------------|---|
| | | | Rele | ease Notifi | catio | n and Co | orrective A | ction | | |
| | | | | | | OPERA | FOR | 🗂 Init | ial Report | Final Report |
| Name of Co | mpany | Oxy Permia | 1 Ltd. | | | | Chancey Summe | | iui icepoit | |
| | | tanolind Rd, | | NM 88240 | | Telephone N | | | | |
| Facility Nar | ne Fede | ral 12 #1 So | uth CTB | | | Facility Typ | e Gathering | | | |
| Surface Ow | ner BLN | И | | Mineral C | Iwner | | | API N | o.30-015-26 | 742(nearest well) |
| | | | | LOCA | | N OF REI | EASE | | | |
| Unit Letter | Section | Township | Range | Feet from the | | South Line | Feet from the | East/West Line | County | |
| | | 000 | 01 | | | | | | | NN 6 |
| | 12 | 22S | 31E | | l | | | | Eddy Cou | nty, NM |
| | | | | Latitude | | Longit | ıde | - | | |
| | | | | NAT | URE | OF REL | EASE | | | |
| Type of Rele | ase Produ | iced Water | | | | Volume of 45 bbls | Release | Volume 40 bbls | Recovered | |
| Source of Re | lease Pun | np failure caus | sed tank o | verflow | | | lour of Occurrence | | Hour of Dis | covery |
| | | | | | | 11/17/2013 | | | | |
| Was Immedia | ate Notice C | | Yes 🗌 | No 🗌 Not R | equired | If YES, To Mike Brate | | mes Amos- BLM | | |
| By Whom? | Chancey S | | | | | | · · · · · · · · · · · · · · · · · · · | @ 9:04am and 11/ | 18/13 @ 2:07 | <u>יייייייייייייייייייייייייייייייייייי</u> |
| Was a Water | | | | | ···· | | lume Impacting t | | | |
| | | | Yes 🛛 | No | | | | | | |
| If a Watercou | irse was Im | pacted, Descri | be Fully.* | • | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1.0 | | | | | | | | |
| Describe Cau | se of Proble | em and Remed | hal Action | 1 laken.* | | | | | | |
| | | | | | | | | overflow. The o | | d 45 bbls of |
| produced wat | er to leak o | nto the ground | l. A vacui | um truck recovere | ed 40 bb | ls of the leake | ed fluids and the p | pump was replace | d. | |
| Describe Are | a Affected a | and Cleanup A | ction Tak | en.* | | | | | | |
| | | - | | | | | | | | |
| | | | | ocation. Remedi ed by Jennifer V | | | | | plan approve | d Mike Bratcher of |
| | | | | - | | | | | | |
| I hereby certi | fy that the in | nformation give | ven above | is true and comp | lete to th | e best of my | knowledge and u | nderstand that put | suant to NM | OCD rules and |
| regulations al | or the envir | are required to onment. The | ereport an acceptance | d/or file certain r | elease no | NMOCD m | id perform correc | tive actions for re eport" does not re | leases which | may endanger |
| should their o | perations ha | ave failed to a | dequately | investigate and re | cmediate | e contaminatio | on that pose a three | eat to ground wate | r, surface wa | ter, human health |
| or the environ | ment. In ac | dition, NMO | CD accept | ance of a C-141 | report de | pes not relieve | e the operator of 1 | responsibility for a | compliance w | ith any other |
| federal, state, | or local law | /s and/or regu | lations. | | | | | SEDVATION | | NT |
| (| (| | | > | | | <u>UIL CUN</u> | SERVATION | DIVISIC | <u>'IN</u> ' |
| Signature: | | Contraction of the local division of the loc | \leq | | | | | | | |
| Printed Name | : Chance | y Summers | | | 4 | Approved by | Environmental Sp | pecialist: | | |
| | | | | | | | | | | |
| Title: HES | Specialist | | | | | Approval Dat | 9: | Expiration | Date: | |
| E-mail Addre | ss: <u>Chanc</u> | ey.Summers(| <u>λοχγ.com</u> | | | Conditions of | Approval: | | | - |
| 4 | -29. | | | · · · · · · · · | | | | | Attached | |
| Date: / | - / | / / | Phone: | (575) 397-821 | 6 | | | | | |

* Attach Additional Sheets If Necessary

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.

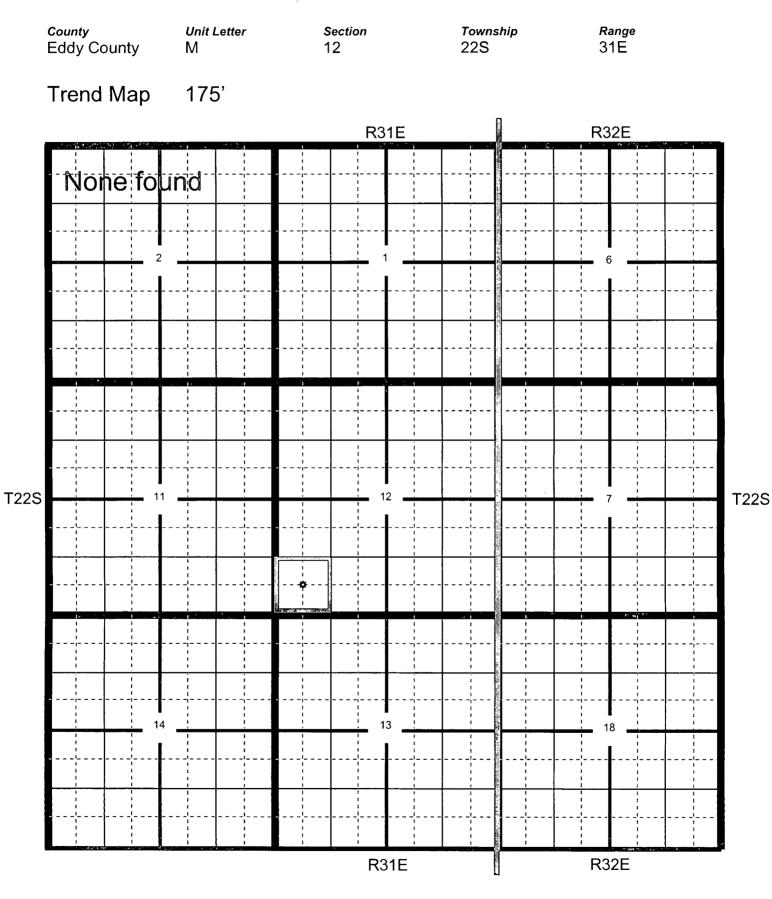
| | | | Rel | ease Notific | catio | n and Co | orrective A | ction | | | | |
|---|---|--|---|--|-------------------------------------|--|--|--|--|------------------------------------|----------------------------------|--------------------|
| | <u>.</u> | | <u>.</u> | | | OPERA | | | nitial Repor | t 🔀 | Fina | l Repor |
| Name of Co Address | | Oxy Permia tanolind Rd, | | NN 1 99740 | | | Chancey Summe | | | | | |
| Facility Nat | | eral 12 #1 Sc | | 1111 00240 | | Telephone No. (575) 397-8216 Facility Type Gathering | | | | | | |
| Surface Ow | ner BLI | M | | Mineral C |)wner | | | API | No.30-015- | -26742(| neares | t well) |
| <u>burr</u> ate on | <u></u> 222 | | | | | | | | 110.50 010 | 20112(1 | <u></u> | |
| Unit Letter | Section | Township | Range | Feet from the | | ON OF RELEASE th/South Line Feet from the East/V | | | ne County | | | |
| | 12 | 225 | 31E | | | | | | | | м | |
| | 12 | 225 | JIE _ | T | <u> </u> | | · | | | ounty, N | <u>IVI</u> | |
| | | | | Latitude | | Longit | | - | | | | |
| True of Vola | Prod | uced Water | | NAT | URE | OF REL | | Volue | ne Recovered | | | |
| Type of Rele | | | | | | 15 bbls | Release | 0 bbls | | 1 | | |
| Source of Release Pump failure caused tank overflow | | | | | | Date and H | Iour of Occurrenc | e Date a | nd Hour of I | Discovery | / | |
| Was Immediate Notice Given? | | | | | | If YES, To | Whom? | l | | | | |
| | | | Yes L | No 🔲 Not Re | equired | | cher-NMOCD; Je | | en-BLM | | | |
| By Whom? Was a Water | | | | | | | lour 11/20/13 (blume Impacting t | | | <u> </u> | | |
| | | | Yes 🛛 | No | | | | | | | | · |
| If a Watercou | irse was Im | pacted, Descr | ibe Fully. | k | | | | | | | | |
| | | | | | | | | | | | | |
| Describe Cau | se of Probl | ein and Reine | dial Actio | n Taken.* | | | | ······································ | | | | |
| The electric r caused 15 bb | notor on the ls of produc | e overload con ced water to le | nnected to ak onto th | the pump went ou e ground. No flui | it causin ids were | g the pump to recovered an | o fail and the wate d the motor was r | er production ta repaired/replace | nk to overflo d. | w. The | overflo | w |
| Describe Are | a Affected | and Cleanup A | Action Tak | cen.* | | | | | ••••••• | | | |
| The affected | area is annr | oximately 30' | ' x 30' on | location. Remedi | ation wa | s completed | in accordance wit | h the remediati | n nlan annre | oved by 1 | Mike B | ratcher |
| | | | | roved by Jennifer | | | | | on prair appre | Jved by I | TIKE D | atonoi |
| regulations al public health should their o | l operators or the envir perations h iment. In a | are required to conment. The ave failed to a ddition, NMC | o report ar acceptanc idequately ICD accep | is true and comp d/or file certain re- te of a C-141 repo investigate and re- tance of a C-141 r | elease no ort by the emediate | otifications ar NMOCD ma contaminati | nd perform correc arked as "Final Re on that pose a thre | tive actions for eport" does not eat to ground w | releases whi rclieve the o ater, surface | ch may e perator o water, hu | endange of liabili uman he | er ity ealth |
| (Signature: | | | | | | | OIL CONS | SERVATIC | N DIVIS | ION | | |
| Printed Name | : Chance | y Summers | | | | Approved by | Environmental Sp | pecialist: | | | | |
| Title: HES | Specialist | | | | | Approval Dat | e: | Expirati | on Date: | | | |
| E-mail Addre | es. Chan | cey.Summers | DONU COM | <u> </u> | | | | ······ | | | | |
| | | | | | | Conditions of | Approval: | | Attach | ed 🔲 | | |
| Date: 7 Attach Addit | | - 1 <u>4</u> | Phone: | (575) 397-821 | 6 | | | | | | | |
| Allach Audit | ional Shee | AS IT INCOUSS | ai y | | | | | | | | | |





Groundwater Plot

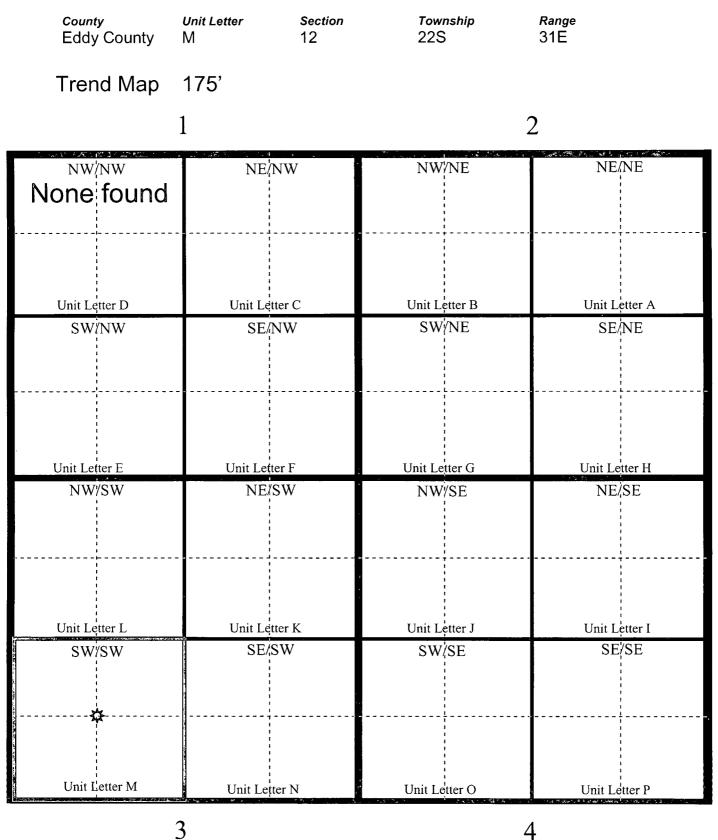
Oxy Federal 12 #1 South CTB





Section Quarters

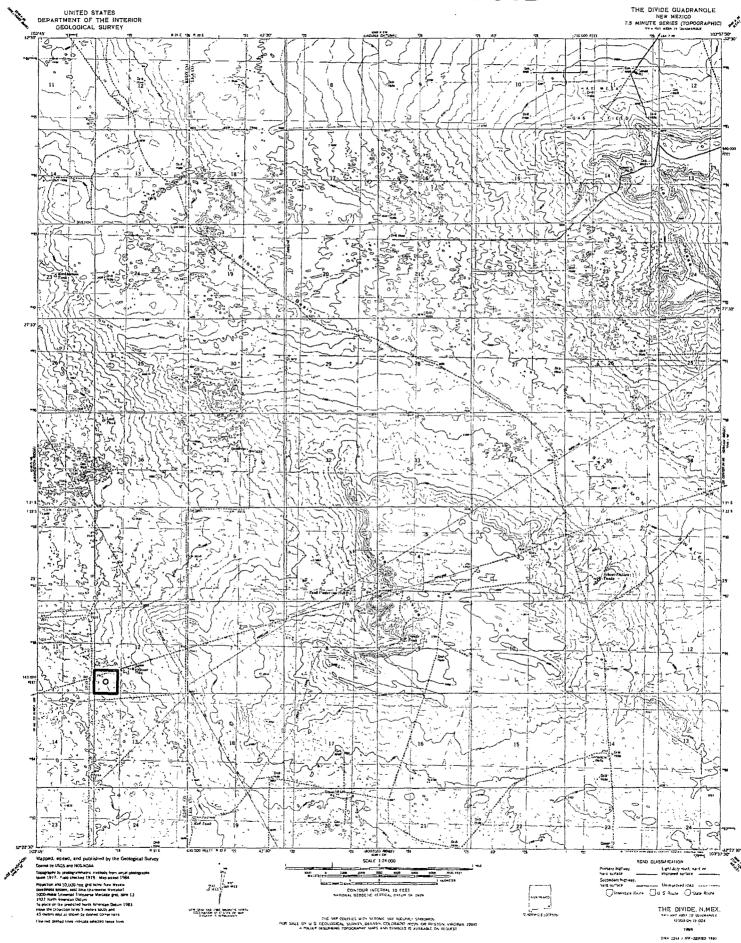
Oxy Federal 12 #1 South Battery



2

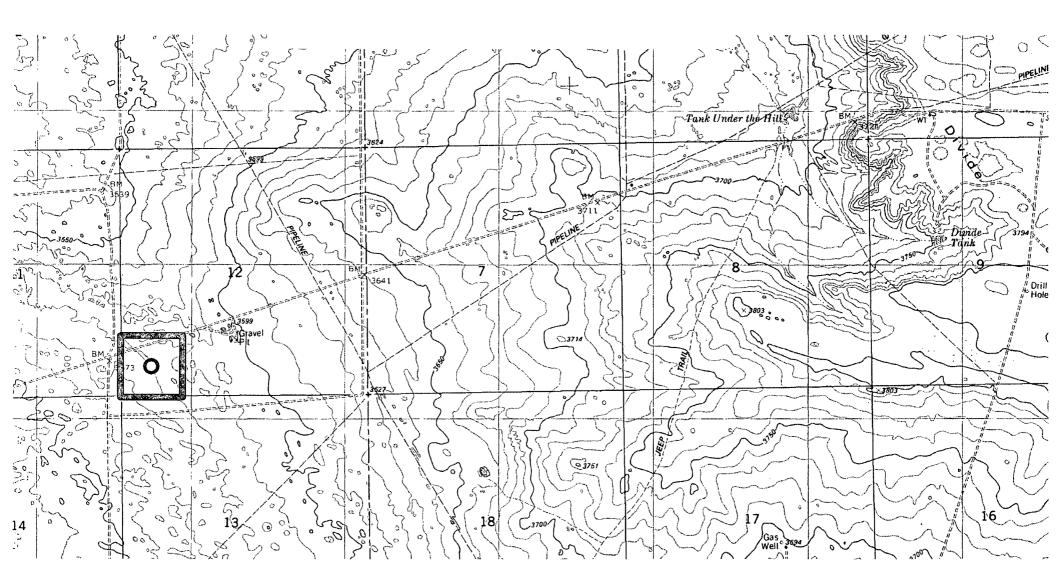
Oxy

Federal 12 #1 South CTB





Federal 12 #1 South CTB



Laboratory Analytical Results Summary Federal 12 #1 South CTB

| · <u>·</u> ····· | | Sample | SP1 @ 1' | SP1 @ 2' | SP1 @ 3' | SP1 @ 4' | SP1 @ 5' |
|------------------|------------|--------|----------|----------|----------|----------|----------|
| Analyte | Method | Date | 2/5/14 | 2/5/14 | 2/5/14 | 2/5/14 | 2/5/14 |
| | | | mg/Kg | mg/Kg | mg/Kg | mg/Kg | mg/Kg |
| Benzene | BTEX 8021B | | <0.050 | n/a | n/a | n/a | n/a |
| Toluene | BTEX 8021B | | <0.050 | n/a | n/a | n/a | n/a |
| Ethylbenzene | BTEX 8021B | | < 0.050 | n/a | n/a | n/a | n/a |
| Total Xylenes | BTEX 8021B | | <0.150 | n/a | n/a | n/a | n/a |
| Total BTEX | BTEX 8021B | _ | < 0.300 | n/a | n/a | n/a | n/a |
| Chloride | SM4500CI-B | _ | 1010 | 240 | 320 | 80 | <16.0 |
| GRO | TPH 8015M | | <10.0 | n/a | n/a | n/a | n/a |
| DRO | TPH 8015M | | <10.0 | n/a | n/a | n/a | n/a |



February 12, 2014

Cliff Brunson BBC International, Inc. P.O. Box 805 Hobbs, NM 88241

RE: FED 12

Enclosed are the results of analyses for samples received by the laboratory on 02/05/14 15:58.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-13-5. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab accredited certif.html.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celeg D. Keine

Celey D. Keene Lab Director/Quality Manager



Analytical Results For:

BBC International, Inc. Cliff Brunson P.O. Box 805 Hobbs NM, 88241 Fax To: (575) 397-0397

| Received: | 02/05/2014 | Sampling Date: | 02/05/2014 |
|-------------------|------------|---------------------|---------------|
| Reported: | 02/12/2014 | Sampling Type: | Soil |
| Project Name: | FED 12 | Sampling Condition: | Cool & Intact |
| Project Number: | NONE GIVEN | Sample Received By: | Kathy Perez |
| Project Location: | NOT GIVEN | | |

Sample ID: SP1 @ 1' (H400366-01)

| BTEX 8021B | mg, | ′kg | Analyzed By: MS | | - 14 | | | | |
|----------------|---------|-----------------|-----------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 02/11/2014 | ND | 2.34 | 117 | 2.00 | 4.12 | |
| Toluene* | <0.050 | 0.050 | 02/11/2014 | ND | 2.32 | 116 | 2.00 | 3.68 | |
| Ethylbenzene* | <0.050 | 0.050 | 02/11/2014 | ND | 2.30 | 115 | 2.00 | 4.18 | |
| Total Xylenes* | <0.150 | 0.150 | 02/11/2014 | ND | 6.76 | 113 | 6.00 | 3.04 | |
| Total BTEX | < 0.300 | 0.300 | 02/11/2014 | ND | | | | | |

Surrogate: 4-Bromofluorobenzene (PIC 117 % 89.4-126

| Chloride, SM4500CI-B | mg/kg | | Analyzed By: AP | | | | | | |
|-------------------------------|--------|-----------------|-------------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 1010 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |
| TPH 8015M mg/ | | /kg | g Analyzed By: ms | | | | | | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10 | <10.0 | 10.0 | 02/07/2014 | ND | 194 | 96.8 | 200 | 5.70 | |
| DRO >C10-C28 | <10.0 | 10.0 | 02/07/2014 | ND | 187 | 93.5 | 200 | 10.0 | |
| Surrogate: 1-Chlorooctane | 102 | 65.2-14 | 0 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 103 | % 63.6-15 | 4 | | | | | | |

Sample ID: SP1 @ 2' (H400366-02)

| Chloride, SM4500Cl-B mg/kg | | Analyze | d By: AP | | | | | | |
|----------------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 240 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keine

Celey D. Keene, Lab Director/Quality Manager



Analytical Results For:

BBC International, Inc. Cliff Brunson P.O. Box 805 Hobbs NM, 88241 Fax To: (575) 397-0397

| Received: | 02/05/2014 | Sampling Date: | 02/05/2014 |
|-------------------|------------|---------------------|---------------|
| Reported: | 02/12/2014 | Sampling Type: | Soil |
| Project Name: | FED 12 | Sampling Condition: | Cool & Intact |
| Project Number: | NONE GIVEN | Sample Received By: | Kathy Perez |
| Project Location: | NOT GIVEN | | |

Sample ID: SP1 @ 3' (H400366-03)

| Chloride, SM4500Cl-B | mg, | /kg | Analyze | | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 320 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

Sample ID: SP1 @ 4' (H400366-04)

| Chloride, SM4500Cl-B | mg | /kg | Analyzed By: AP | | | | | | . <u></u> |
|----------------------|--------|-----------------|-----------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 80.0 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

Sample ID: SP1 @ 5' (H400366-05)

| Chloride, SM4500CI-B | mg | /kg | Analyze | d By: AP | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | <16.0 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

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*=Accredited Analyte

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Celey D. Keine

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| ND | Analyte NOT DETECTED at or above the reporting limit |
|-----|---|
| RPD | Relative Percent Difference |
| ** | Samples not received at proper temperature of 6°C or below. |
| *** | Insufficient time to reach temperature. |
| - | Chloride by SM4500CI-B does not require samples be received at or below 6°C |
| | Samples reported on an as received basis (wet) unless otherwise noted on report |

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keine

Celey D. Keene, Lab Director/Quality Manager



CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

101 East Marland, Hobbs, NM 88240

(505) 393-2326 FAX (505) 393-2476

| Company Name | BBC International, Inc. | | | | | 15 quit (17) | · Bl | ILL TO | Ante son de | ; | | | ANAI | LYSIS | S RE | QUE | ST | | | v |
|--------------------------|--|------------|--------------|--|--------------------|--------------------|--------------|-------------------|----------------------|------------------|------------------------|--------------|----------|-------|------|-----|----|---|---|-----|
| | r: Cliff Brunson | | | | Ρ.Ο | | | | | | | | | | | | | | | |
| Address: P.O. | Address: P.O. Box 805 | | | | Company: | | | | | | | | | | | | | | | |
| city: Hobbs | | | | Att | n: | (| <u>' Ant</u> | / | | | | | | | | | | | | |
| Phone #: 575- | 397-6388 Fax #: 575- | 397 | 7-03 | 397 | Ad | dres | is: 🤇 | 24MI | - | | | | | | | | | | | |
| Project #: | Project Owner | : (| <u>IY</u> | <u>M</u> | Cit | y: | | <u>ر</u> | | | | | | | | | | | | |
| Project Name: | FED 12 | | | 1 | Sta | te: | | Zip: | | | | | | | | | | | | |
| Project Location | | | | | Ph | one | #: | | | | | | | | | | | | | |
| Sampler Name: | POER 16ANO | Δd | 07 | | Fai | | | | | | $\left \right\rangle$ | | | | | | | | | |
| FOR LAB USE ONLY | · · · · · · · · · · · · · · · · · · · | <u>,</u> . | | MATRIX | | PRE | SERV | SAMPI | .ING | \mathbf{r} | $ 1\rangle$ | | | | | | | | | . 1 |
| | | (C)OMP | ERS | ATER | | | | | | à | 12 | 1 | | | | | | | | |
| Lab I.D. | Sample I.D. | 3 OR | TAIN | NDW EWA | | BASE | ğ | | | $\left \right $ | \mathbb{N} | 2 | | | | | | | | |
| 1440036 | 6 | (G)RAE | # CONTAINERS | GROUNDWATER WASTEWATER SOIL OIL SLUDGE | OTHEF | ACID/E | ICE / C | DATE | TIME | \square | 7 | \sim | | | | | | | | |
| (| SPI@I' | C | 1 | | | | 4 | 2.5.14 | 930 | \checkmark | \checkmark | \checkmark | | | | | | | | |
| <u> </u> | 2` | G | 1 | | | | 4- | 25.14 | 951 | | | ~ | | | | | | | i | l |
| | <u> </u> | <u>G</u> | 1 | - V | | | 4_ | 2:5.14 | 1025 | | | ~ | | | | | | | | |
| | <u> </u> | Ģ_ | 1 | V | $\left - \right $ | | 4 | 25.14 | 1050 | | | K | | | | | | | | |
| 5 | 5' | <u>Ŀ</u> | | | $\left - \right $ | - | Ц- | 12.14 | 1115 | | | | | | | | | | | |
| | | | | | + | | | - | | | | | | | | | | | · | |
| | | | | | \square | $\left - \right $ | | | + | | | | | | | | | | | |
| | - | | | | | | | - | - | · · · · · | | | | | | | | | | |
| | | | | | \top | | | - | - | | | | | | | | | | | |
| PLEASE NOTE: Liability a | nd Damages. Cardinal's liability and client's exclusive remedy for a | ny dair | n arisir | ng whether based in contract | t or lor | l, shall | be limita | d to the amount p | ais by the client fo | r the | | A | | | | | | A | | |

analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable service, In no event shall Cardinal be lighte for incidental or consequental damages, including without limitation, business interruptions, loss of USE without sincurred by client, its subsidiaries.

| service, | in no event shak Caronal be lable to including or consequence as ages, including without impactor, otsmess interruptions, loss | oruse, nc | Tozz or prouzz excerned by chemi, we encoded and |
|-------------|--|-----------|--|
| officientes | as presented weighter and all as called at the medicinements of any line investigation for Cardinal annuality of relating such shall be be | and comme | at the shows stated marcas or otherwise |

| Relinguished By: | Date: 5.14 Receiv | ved By: | Phone Result: U Yes Fax Result: U Yes | No Add'I Phone #: No Add'I Fax #: |
|------------------------------|-------------------|--|--|-----------------------------------|
| PAERHERNANDEZ | Time: 58 | Withy terry | REMARKS: | |
| Relinquished By: | Daté: Receiv | ived By | 10-mart | to Kaths |
| | Time: | | | |
| Delivered By: (Circle One) | 1 | Sample Condition CHECKED BY: Cool Intact (Initials) | - | |
| Sampler - UPS - Bus - Other: | 4.2°C | | | |

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476 #52

Kathy Purvis

| From: | Van Curen, Jennifer <jvancure@blm.gov></jvancure@blm.gov> |
|----------|---|
| Sent: | Monday, February 24, 2014 6:38 AM |
| То: | Cliff P. Brunson |
| Cc: | C J Summers; Ken Swinney; Jennifer Gilkey; Kathy Purvis |
| Subject: | Re: Oxy-Federal 12 #1 South CTB-Remediation Plan |

CJ,

Plan is approved.

JENNIFER E VAN CUREN ENVIRONMENTAL PROTECTION SPECIALIST DOI-BLM-CARLSBAD FIELD OFFICE 320 E GREENE ST. CARLSBAD, NM 88220 OFFICE- 575-234-5905 CELL - 575-361-0042 FAX - 575-234-5927

On Thu, Feb 20, 2014 at 7:30 PM, Cliff P. Brunson <<u>cbrunson@bbcinternational.com</u>> wrote: Jennifer,

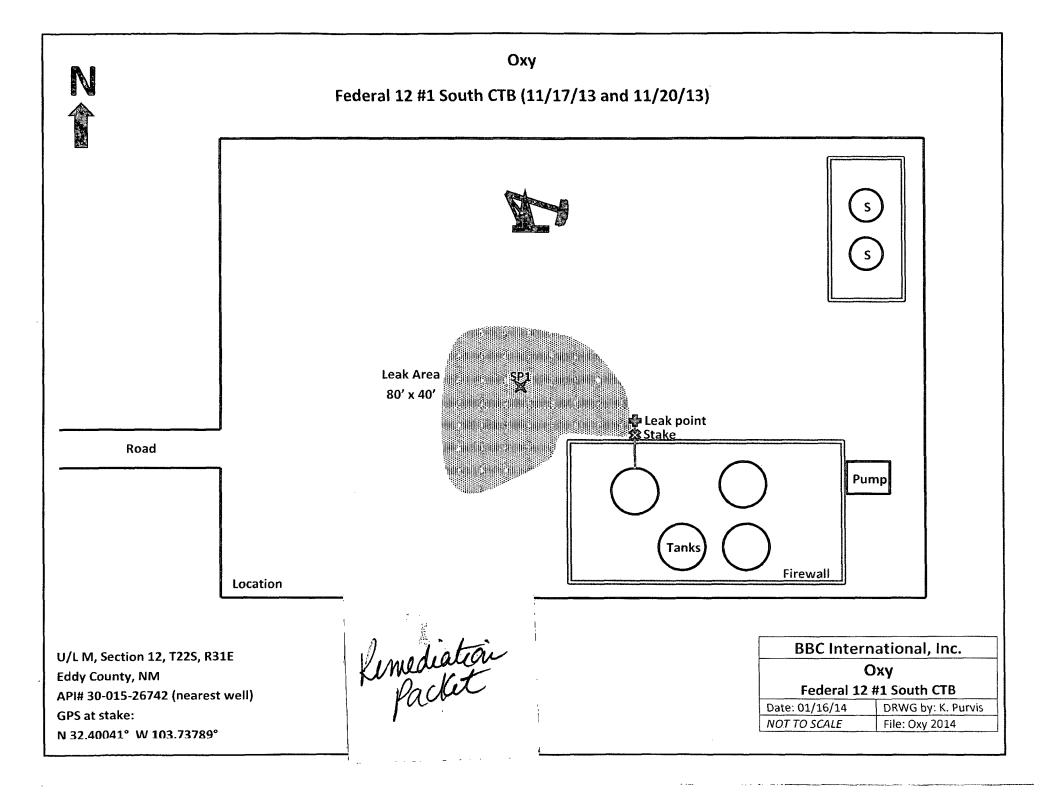
This e-mail is to request the BLM's approval for the following remediation plan for the above referenced site. I have attached the materials that pertain to the site and the plan. This site had two leaks three days apart in the same area and this plan addresses both leaks. This plan has already been approved by Mike Bratcher of the NMOCD. Oxy will excavate to a depth of 3 to 6 inches across the entire leak area as shown on the diagram. The area will then be backfilled with clean soil.

If you would please e-mail your concurrence with this remediation plan, it would be greatly appreciated. If you have any questions, please let us know.

Thanks, Cliff

Cliff P. Brunson, CEI, CRS President BBC International, Inc. World-Wide Environmental Specialists Mailing Address: P. O. Box 805 Hobbs, NM 88241-0805 USA Shipping Address: 1324 W. Marland St. Hobbs, NM 88240 USA Phone: (575) 397-6388 Fax: (575) 397-0397 E-Mail: <u>cbrunson@bbcinternational.com</u>

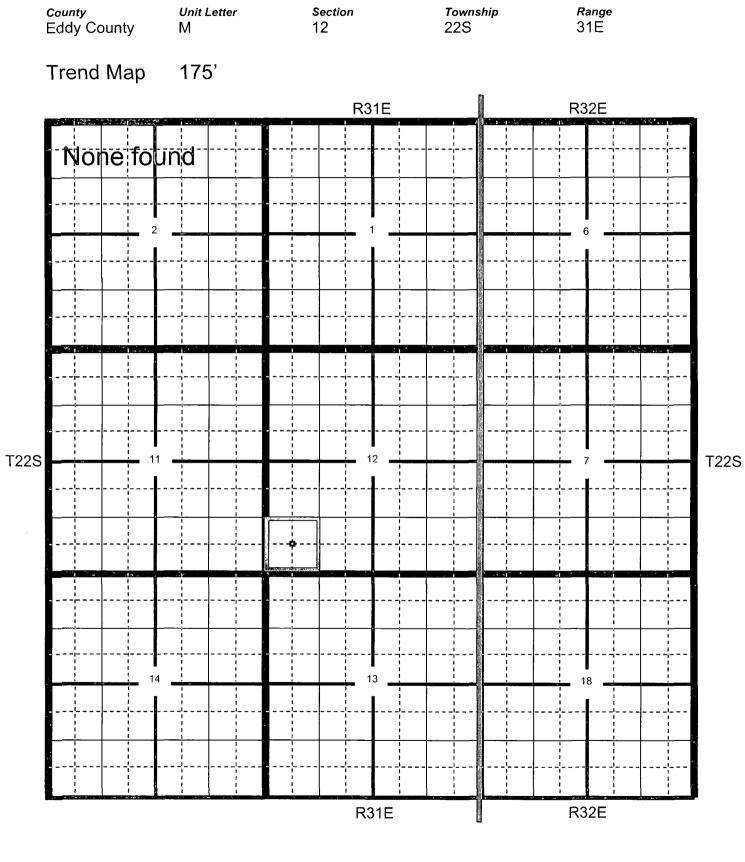
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Groundwater Plot

Oxy Federal 12 #1 South CTB

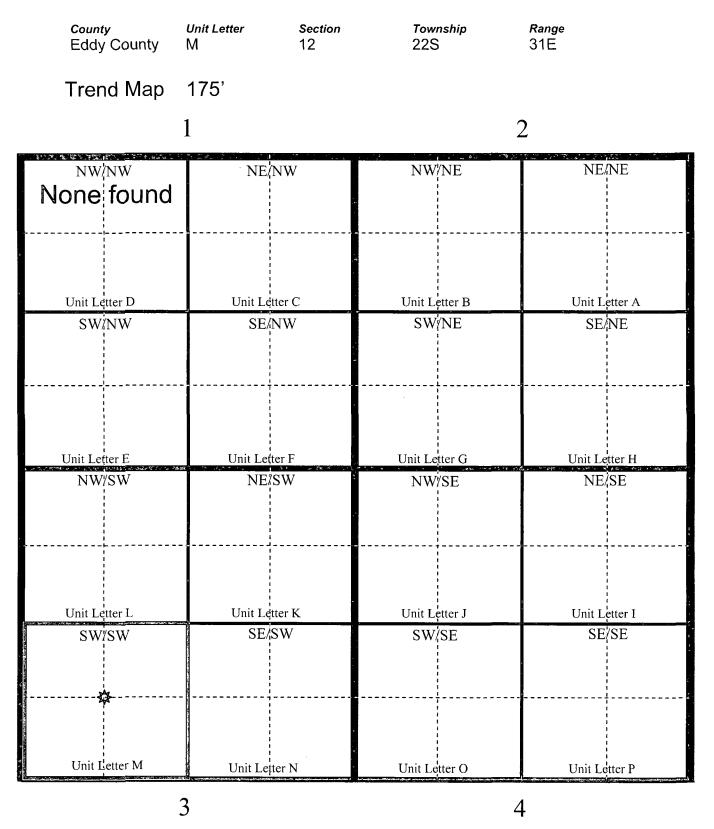


Location



Section Quarters

Oxy Federal 12 #1 South Battery



Laboratory Analytical Results Summary Federal 12 #1 South CTB

| | | Sample | SP1 @ 1' | SP1 @ 2' | SP1 @ 3' | SP1 @ 4' | SP1 @ 5' |
|---------------|------------|--------|----------|----------|----------|----------|----------|
| Analyte | Method | Date | 2/5/14 | 2/5/14 | 2/5/14 | 2/5/14 | 2/5/14 |
| | | | mg/Kg | mg/Kg | mg/Kg | mg/Kg | mg/Kg |
| Benzene | BTEX 8021B | | <0.050 | n/a | n/a | n/a | n/a |
| Toluene | BTEX 8021B | | < 0.050 | n/a | n/a | n/a | n/a |
| Ethylbenzene | BTEX 8021B | | <0.050 | n/a | n/a | n/a | n/a |
| Total Xylenes | BTEX 8021B | | <0.150 | n/a | n/a | n/a | n/a |
| Total BTEX | BTEX 8021B | | < 0.300 | n/a | n/a | n/a | n/a |
| Chloride | SM4500CI-B | | 1010 | 240 | 320 | 80 | <16.0 |
| GRO | TPH 8015M | | <10.0 | n/a | n/a | n/a | n/a |
| DRO | TPH 8015M | | <10.0 | n/a | n/a | n/a | n/a |



February 12, 2014

Cliff Brunson BBC International, Inc. P.O. Box 805 Hobbs, NM 88241

RE: FED 12

Enclosed are the results of analyses for samples received by the laboratory on 02/05/14 15:58.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-13-5. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab accred certif.html.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celeg D. Keine

Celey D. Keene Lab Director/Quality Manager



Analytical Results For:

BBC International, Inc. Cliff Brunson P.O. Box 805 Hobbs NM, 88241 Fax To: (575) 397-0397

| Received: | 02/05/2014 | Sampling Date: | 02/05/2014 |
|-------------------|------------|---------------------|---------------|
| Reported: | 02/12/2014 | Sampling Type: | Soil |
| Project Name: | FED 12 | Sampling Condition: | Cool & Intact |
| Project Number: | NONE GIVEN | Sample Received By: | Kathy Perez |
| Project Location: | NOT GIVEN | | |

Sample ID: SP1 @ 1' (H400366-01)

| BTEX 8021B | mg, | ′kg | Analyze | d By: MS | | | | | |
|----------------|--------|-----------------|------------|--------------|------|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Benzene* | <0.050 | 0.050 | 02/11/2014 | ND | 2.34 | 117 | 2.00 | 4.12 | |
| Toluene* | <0.050 | <0.050 0.050 | | ND | 2.32 | 116 | 2.00 | 3.68 | |
| Ethylbenzene* | <0.050 | 0.050 | 02/11/2014 | ND | 2.30 | 115 | 2.00 | 4.18 | |
| Total Xylenes* | <0.150 | 0.150 | 02/11/2014 | ND | 6.76 | 113 | 6.00 | 3.04 | |
| Total BTEX | <0.300 | 0.300 | 02/11/2014 | ND | | | | | |

Surrogate: 4-Bromofluorobenzene (PIL 117 % 89.4-126

| Chloride, SM4500CI-B | mg | /kg | Analyze | d By: AP | | | | | |
|-------------------------------|---------------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | ie 1010 | | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |
| ТРН 8015М | mg/kg | | Analyze | d By: ms | | | | • | |
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| GRO C6-C10 | <10.0 | 10.0 | 02/07/2014 | ND | 194 | 96.8 | 200 | 5.70 | |
| DRO >C10-C28 | <10.0 | 10.0 | 02/07/2014 | ND | 187 | 93.5 | 200 | 10.0 | |
| Surrogate: 1-Chlorooctane | 102 % 65.2-1 | | 0 | | | | | | |
| Surrogate: 1-Chlorooctadecane | 103 % 63.6-15 | | 4 | | | | | | |

Sample ID: SP1 @ 2' (H400366-02)

| Chloride, SM4500Cl-B mg/kg | | | Analyze | d By: AP | | | | | |
|----------------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 240 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

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Celey D. Kune

Celey D. Keene, Lab Director/Quality Manager



Analytical Results For:

BBC International, Inc. Cliff Brunson P.O. Box 805 Hobbs NM, 88241 Fax To: (575) 397-0397

| Received: | 02/05/2014 | Sampling Date: | 02/05/2014 |
|-------------------|------------|---------------------|---------------|
| Reported: | 02/12/2014 | Sampling Type: | Soil |
| Project Name: | FED 12 | Sampling Condition: | Cool & Intact |
| Project Number: | NONE GIVEN | Sample Received By: | Kathy Perez |
| Project Location: | NOT GIVEN | | |

Sample ID: SP1 @ 3' (H400366-03)

| Chloride, SM4500Cl-B | oride, SM4500CI-B mg/kg | | | d By: AP | | | | | |
|----------------------|-------------------------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 320 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

Sample ID: SP1 @ 4' (H400366-04)

| Chloride, SM4500CI-B mg/kg | | | Analyze | d By: AP | | | | | |
|----------------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 80.0 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

Sample ID: SP1 @ 5' (H400366-05)

| Chloride, SM4500Cl-B mg/kg | | | Analyze | d By: AP | | | | | |
|----------------------------|------------------------|------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result Reporting Limit | | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | <16.0 | 16.0 | 02/10/2014 | ND | 416 | 104 | 400 | 0.00 | |

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*=Accredited Analyte

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Celey D. Kune

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| ND | Analyte NOT DETECTED at or above the reporting limit |
|-----|---|
| RPD | Relative Percent Difference |
| ** | Samples not received at proper temperature of 6°C or below. |
| *** | Insufficient time to reach temperature. |
| - | Chloride by SM4500CI-B does not require samples be received at or below 6°C |
| | Samples reported on an as received basis (wet) unless otherwise noted on report |

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*=Accredited Analyte

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Celeg D. Keine

Celey D. Keene, Lab Director/Quality Manager

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| ARDINAL | LABORATORIES |
|---------|--------------|

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

| AI AI | CORAL LABORA FORIE 101 East Marland, Hobbs, NM 88 (505) 393-2326 FAX (505) 393-24 | 240 | | | | | | | | | | | | | | | | | | | | |) | of |
|---|--|---------------------------------|------------------------------------|----------------------------------|---------------------------------------|----------------------|-----------------------|--------------------|--------------------------|-----------------|-------------------------------------|---|-------------------------------|-------------|-----|----------|-------|-----------------|------|-----|----|--|---|----------|
| Company Name | BBC International, Inc. | | | | | | | factor G | B | ÍĽ. | L'TÔ | tion when when | i | | | | ANA | YSIS | S RE | QUE | sт | | | Ŷ |
| Project Manage | r: Cliff Brunson | | | | | | Ρ. | 0. # | | | | | | | | | | | | | | | | |
| Address: P.O. | . Box 805 | | | | | | Company: | | | | | | | | | | | | | | | | | |
| city: Hobbs | State: NM | Zip | : 8 | 824 | 1 | | At | tn: | (| Ľ | 1 ANIE | | | | | | | | | | | | | |
| Phone #: 575- | 397-6388 Fax #: 575 | 5-39 | 7-03 | 397 | | | Ac | ldre | ss: 🚄 | _ | ZHINIL | - | j – | 1 | Ì | | | | 1 | | | | | |
| Project #: | Project Owne | er: |)Y | M. | | | Ci | ty: | | | · · | | | | | | | |] | | | | | ļ |
| Project Name: | Project Name: FED 12 | | | | St | ate: | | Z | Zip: | | | | | | | | | | | | | | | |
| Project Location: | | | | Ph | one | #: | | | | | | | | | | | | | | | | | | |
| Sampler Name: FOGER LERVUNCE | | | | | | Fa | x #: | | | | | J | $\left \right\rangle$ | | | | | | | | | | | |
| FOR LAB USE ONLY | | Γ. | | | MAT | RIX | | PR | ESERV | 4 | SAMPL | | | $ 1\rangle$ | | | | | | | | | | |
| Lab I.D. 1440036 | Sample I.D. | > (G)RAB OR (C)OMP | # CONTAINERS | GROUNDWATER | WAS I EWA I EK SOIL | OIL | OTHER : | ACID/BASE: | ICE / COOL OTHER : | | DATE | TIME | 1d-L | R12 | -70 | | | | | | | | | |
| (| SPICI | C | 1 | | 1 | | | | | ľ | 2.5.14 | 930 | | V | V | | | | | | | | | <u> </u> |
| 3 | 2 | G | 1 | | 1 | | | | 12 | ľ | 25.14 | 951 | | | 1 | | | | | | ļ! | | | |
| 3 | | <u>Ç</u> | 1 | | V | | | | <u>i_</u> | | 2:5.14 | 1025 | | | 1 | | | | | | | | | |
| | <u> </u> | <u> </u> | $\overline{7}$ | | V | | | | 1 | - | 25.14 | 1050 | | | V | | | | | | | | | |
| <u> </u> | 5' | G | <u> `</u> | | Ϋ́ | | | | 14- | - 4 | 2.5.14 | 1115 | | | 1 | | | | | | | | | |
| | | | | | | | | | | | | | - | | | | | | | | | | | |
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| analyses. All claims includi service. In no event shall C affiliates or successors aris | nd Damages. Cardinafs liability and client's exclusive temedy for ng those for negligence and any other cause whatsoever shall be addinat be liable for incidental or consequentid damages, includi ing out of or related to the performance of services heremoter by | e deeme ng withou Cardina | d waive ut limital I. recard | d unles tion, but dlass of | s made in siness inte whether s | wnting a muptions | ind reci s, loss i | eived b af use, | ry Cardinal Netoss of | l wit prol | thin 30 days aft das incurred by | er completion of f client, its subsidi asons or otherwi | lhe applica aries, ise. | | | | | | | | | | | |
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PLEASE analyses service. affiliates Relin 7 I mail to Kaths ЧĽ. IN vie Θ Relinquished By: Received By Time: Delivered By: (Circle One) CHECKED BY: Sample Condition 4.2°c Cool Intact Ves Ves (Initiale) Sampler - UPS - Bus - Other:

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476 #5-1 Page 5 of 5

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.

| 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 | | | | | | | | | | | | | |
|---|-----------------|-----------------|------------|----------------------|-------------------------|---|--|-----------------------|-------------|--------|--------|--|--|
| Release Notification and Corrective Action | | | | | | | | | | | | | |
| | | | | | OPERA | al Report | | Final Report | | | | | |
| Name of Co | mpany | Oxy Permia | n Ltd. | | | OPERATOR Initial Report Final Report Contact Chancey Summers | | | | | | | |
| Address 1017 W. Stanolind Rd, Hobbs, NM 88240 | | | | | | | Telephone No. (575) 397-8216 | | | | | | |
| Facility Nat | ne Fede | ral 12 #1 So | uth CTB | | Facility Type Gathering | | | | | | | | |
| Surface Owner BLM Mineral Owner | | | | | | | API No.30-015-26742(near | | | | | | |
| LOCATION OF RELEASE | | | | | | | | | | | | | |
| | | | | | South Line | Feet from the | East/West Line | est Line County | | | | | |
| | 12 | 22\$ | 31E | | | Eddy | | | | | 4 | | |
| 12 22S 31E Eddy County, NM Latitude Longitude Eddy County, NM | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | |
| Type of Release Produced Water | | | | | | | Release | | Recovered | | | | |
| Course of Do | Lunan Dua | np failure cau | | 0. | | 45 bbls 40 bbls Date and Hour of Occurrence Date and Hour of | | | | | | | |
| | | · | sed tank o | vertiow | | 11/17/2013 | | | | | | | |
| Was Immediate Notice Given? | | | | | | | If YES, To Whom? Mike Bratcher-NMOCD; James Amos- BLM | | | | | | |
| By Whom? | Chancey S | Summers | | | | Date and Hour 11/19/13 @ 9:04am and 11/18/13 @ 2:07pm | | | | | | | |
| Was a Watercourse Reached? | | | | | | | If YES, Volume Impacting the Watercourse. | | | | | | |
| | | | Yes 🛛 | | | | | | FAF | 11/1 | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | | |
| | | | | | | | | (| APR 3 | 0 20 | 14 | | |
| | | | | | | | | | | | 1 | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | | | | ESIA | | |
| | | | | | | | | | | | | | |
| A bearing on the water transfer pump went out causing the pump to fail and the water production tank to overflow. The overflow caused 45 bbls of produced water to leak onto the ground. A vacuum truck recovered 40 bbls of the leaked fluids and the pump was replaced. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Area Affected and Cleanup Action Taken.* | | | | | | | | | | | | | |
| The affected area is approximately 30' x 30' on location. Remediation will be completed in accordance with a remediation plan approved by NMOCD and the BLM. | | | | | | | | | | | | | |
| 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 al | l operators : | are required to | report an | d/or file certain re | elease no | otifications ar | id perform correct | tive actions for rele | eases which | may en | danger | | |
| | | | | | | | | eport" does not reli | | | | | |
| 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: | | | | | | | | | | | | | |
| Printed Name | : Chance | y Summers | | X | | Approved by Environmental Specialist: | | | | | | | |
| | Specialist | | | | | Approval Dat | | Expiration Date: | | | | | |
| | | | | | | | | | | | | | |
| E-mail Addre | ss: <u>Chan</u> | ev.Summers@ | @oxy.com | · <u> </u> | (| Conditions of Approval: Attached | | | | |] | | |

Date: /2/2/13 * Attach Additional Sheets If Necessary

Phone: (575) 397-8216

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.

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|---|----------------------------|-----------------|-------------|--------------------------------------|-----------|---|---------------------------------------|---------------------------------------|---------|----------------------------|--------------------|---------|--------------|--|
| Release Notification and Corrective Action | | | | | | | | | | | | | | |
| | | | | | | OPERA ' | ГOR | | | lnitial R | leport | | Final Report | |
| Name of Co | ompany | Oxy Permia | | Contact Chancey Summers | | | | | | | | | | |
| | | tanolind Rd, | | VM 88240 | | Telephone No. (575) 397-8216 | | | | | | | | |
| Facility Name Federal 12 #1 South CTB | | | | | | Facility Type Gathering | | | | | | | | |
| | | | | | | | | | | | | | | |
| Surface Ow | mer BLI | M |)wner | er API No.30-015-26742(nearest well) | | | | | | | | | | |
| LOCATION OF RELEASE | | | | | | | | | | | | | | |
| Unit Letter Section Township Range Feet from the North/South Line Feet from the East/West Line County | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 12 | 22\$ | 31E | | l | | | | | Ec | ldy Coun | ity, N№ | 1 | |
| Latitude Longitude | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | | |
| Type of Rele | ase Produ | uced Water | | | | Volume of Release | | | | Volume Recovered 0 bbls | | | | |
| Source of Re | lease Pur | np failure cau | sed tank o | verflow | | 15 bbls Date and Hour of Occurrence | | | | | r of Disc | OVERV | | |
| Source of fice | itease i ui | np tandie eau | sea tank o | veniow | | 11/20/2013 | | | | | fibur of Discovery | | | |
| Was Immedi | ate Notice C | Given? | | | | If YES, To Whom? | | | | | | | | |
| | | \boxtimes | Yes 🗌 | No 🗌 Not Re | equired | | | | | | | | | |
| By Whom? | Chancey S | Summers | | · ···· | | Date and Hour 11/20/13 @ 1:00 pm | | | | | | | | |
| Was a Water | course Read | | | | | If YES, Volume Impacting the Watercourse. | | | | | | | | |
| | | · 🔲 | Yes 🛛 | No | | | | | | | | | | |
| If a Watercou | irse was Im | pacted, Descri | ibe Fully * | < < < < | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | p , | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <u> </u> | <u> </u> | | | | | | | | | | | e | | |
| Describe Cau | ise of Proble | em and Reme | dial Action | i laken.* | | | | | | | | | | |
| The electric i | notor on the | e overload cor | nected to | the pump went or | it causi | ng the nump t | a fail and the wat | er produ | ction t | ank to ov | verflow | The ov | verflow | |
| | | | | e ground. No flu | | | | | | | | | | |
| | | | | - | | | | | - | | | | | |
| Describe Are | a Affected a | and Cleanup A | Action Tak | en.* | | | | | | | | | | |
| The effected | : | | 202 | | | | | •.1 | | . 1 | | | | |
| the BLM. | area is appr | oximately 30 | x 30° ON | location. Remedi | ation w | ill be complet | ed in accordance | with a r | emedia | ition plai | n approvo | ea by r | WOCD and | |
| | | | | | | | | | | | | | | |
| | | | | is true and comp | | | | | | | | | | |
| regulations a | ll operators | are required to | o report an | d/or file certain r | elease n | otifications a | nd perform correct | tive acti | ions fo | r release | s which i | nay en | danger | |
| public health | or the envir | ronment. The | acceptanc | e of a C-141 repo | ort by th | e NMOCD m | arked as "Final R | eport" d | oes no | t relieve | the opera | itor of | liability | |
| | | | | investigate and retaince of a C-141 | | | | | | | | | | |
| federal, state. | or local lay | vs and/or repu | lations. | | report d | loes not renev | e the operator of | responsi | onity i | or comp | mance w | in any | omer | |
| federal, state, or local laws and/or regulations. | | | | | | OIL CONSERVATION DIVISION | | | | | | | | |
| • | C | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | |
| Direct Newson Chan 6 | | | | | | Approved by Environmental Specialist: | | | | | | | | |
| Printed Name: Chancey Summers | | | | | | | | | | | | | | |
| Title: HES Specialist | | | | | | Approval Date: Expiration Date: | | | | | | | | |
| | | | | | | Approvar Date. | | | | | | | | |
| E-mail Addre | ess: <u>Chan</u> | cey.Summers(| @oxy.com | <u></u> | | Conditions of Approval: | | | | | Attached | | | |
| Date: 121 | 3/13 | | 6 | Attached | | | | | | | | | | |
| Date: 15/ | 0110 | | Phone: | | | | | | | | | | | |

* Attach Additional Sheets If Necessary