| District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II                                            |                                        |                                 |                          | Energy Minerals and Natural Resources    |                                                  |                                       |                                                                   |                                                                                | IL CONSERVATION<br>ARTESIA DISTRICT Revised August 8, 2011 |                                |                           |  |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------|------------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------|---------------------------|--|
| 811 S. First St., Artesia, NM 88210<br>District III<br>1000 Rio Brazos Road, Aztec, NM 87410                |                                        |                                 |                          | Oil Conservation Division                |                                                  |                                       |                                                                   | Osubmit 0 C20140 appropriate District Office in accordance with 19.15.29 NMAC. |                                                            |                                |                           |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505                                                  |                                        |                                 |                          |                                          | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505 |                                       |                                                                   | RECEIVED                                                                       |                                                            |                                |                           |  |
|                                                                                                             | e                                      |                                 | Rele                     | ease Notifi                              |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
| NAB                                                                                                         | 1428                                   | 33 <i>90</i> ð                  | ~                        |                                          |                                                  | OPERA                                 |                                                                   |                                                                                |                                                            | al Report                      | Final Report              |  |
| Name of Company - Legacy Reserves Operating, LP 240474 Contact - Brian Cunningham                           |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             | · · · · · · · · · · · · · · · · · · ·  |                                 |                          | 701                                      |                                                  | <u>Felephone</u> N<br>Facility Typ    | <u>10. – 432-234-9</u><br>e -                                     | 9450                                                                           |                                                            |                                |                           |  |
| Facility Name – Johnson A Federal 004                                                                       |                                        |                                 |                          |                                          |                                                  |                                       | API No 30-015-05516                                               |                                                                                |                                                            |                                |                           |  |
| Surface Owner - Federal       Mineral Owner - Federal       API No 30-015-05516         LOCATION OF RELEASE |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
| Unit Letter<br>I                                                                                            | Section<br>10                          | Township<br>18S                 | Range<br>31E             | Feet from the<br>1980                    | North/                                           | South Line                            | Feet from the 660                                                 | East/West LineCountyEastEddy                                                   |                                                            |                                |                           |  |
| L                                                                                                           |                                        |                                 |                          | <u> </u>                                 |                                                  |                                       |                                                                   | l                                                                              |                                                            |                                |                           |  |
|                                                                                                             |                                        |                                 |                          |                                          |                                                  | •                                     | e -103.8510                                                       |                                                                                |                                                            |                                |                           |  |
| Type of Rele                                                                                                | ase - Hydro                            | carbon                          |                          | NAT                                      | TURE                                             | OF REL                                | EASE<br>Release – 15bbl                                           | ·····                                                                          | Volume I                                                   | Recovered - 2                  | bl                        |  |
| Type of Release - Hydrocarbon           Source of Release - Pumping Unit Packing                            |                                        |                                 |                          |                                          |                                                  | Date and H                            | lour of Occurrent                                                 |                                                                                |                                                            |                                |                           |  |
| Was Immedia                                                                                                 | ate Notice (                           |                                 |                          |                                          |                                                  | 10/02/14 -<br>If YES, To              | Whom?                                                             | 1                                                                              | 10/02/14                                                   | - 0800                         |                           |  |
|                                                                                                             | ····-                                  |                                 | Yes                      | No 🗌 Not R                               | equired                                          |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             | By Whom?<br>Was a Watercourse Reached? |                                 |                          |                                          |                                                  |                                       | Date and Hour           If YES, Volume Impacting the Watercourse. |                                                                                |                                                            |                                |                           |  |
|                                                                                                             | ······································ |                                 | Yes 🛛                    |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
| If a Watercou                                                                                               | urse was Im                            | pacted, Descr                   | ibe Fully.'              | *                                        |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        |                                 | <u></u>                  |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        | em and Reme<br>ping unit faile  |                          |                                          | be releas                                        | ed on to the s                        | surface. The pack                                                 | king was                                                                       | changed a                                                  | and a Vaccume                  | Truck was called          |  |
| to remove the                                                                                               |                                        |                                 |                          |                                          |                                                  |                                       | ·                                                                 | U                                                                              | U                                                          |                                |                           |  |
|                                                                                                             |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        | and Cleanup                     |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        | n the location<br>be put back i |                          | e low lying area a                       | djaucent                                         | to the locatic                        | n. The affected                                                   | soil will l                                                                    | be remove                                                  | d and disposed                 | l of at a licenced        |  |
|                                                                                                             |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
|                                                                                                             |                                        |                                 |                          |                                          | <u> </u>                                         |                                       |                                                                   |                                                                                |                                                            | •                              |                           |  |
| I hereby certi<br>regulations a                                                                             | fy that the i il operators             | nformation gi<br>are required t | iven above<br>o report a | e is true and comp<br>nd/or file certain | plete to th<br>release no                        | e best of my<br>otifications a        | knowledge and u<br>nd perform corre                               | inderstan<br>ctive acti                                                        | nd that pur<br>ions for rel                                | suant to NMO<br>leases which n | CD rules and hay endanger |  |
| public health                                                                                               | or the envir                           | ronment. The                    | acceptan                 | ce of a C-141 rep<br>investigate and     | ort by the                                       | NMOCD m                               | arked as "Final P                                                 | Report" d                                                                      | oes not rel                                                | ieve the opera                 | tor of liability          |  |
| or the environ                                                                                              | nment. In a                            | ddition, NMC                    | OCD accep                | otance of a C-141                        |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
| federal, state, or local laws and/or regulations.                                                           |                                        |                                 |                          |                                          |                                                  | OIL CONSERVATION DIVISION             |                                                                   |                                                                                |                                                            |                                |                           |  |
| Signature: Atta                                                                                             |                                        |                                 |                          |                                          |                                                  |                                       |                                                                   |                                                                                |                                                            |                                |                           |  |
| Printed Name: Sera 10 / clesta 5                                                                            |                                        |                                 |                          |                                          |                                                  | Approved by Environmental Specialist: |                                                                   |                                                                                |                                                            |                                |                           |  |
| Title: Shund Tech                                                                                           |                                        |                                 |                          |                                          |                                                  | Approval Da                           | 10/10/10                                                          | /                                                                              | Expiration                                                 | Date: N                        | A                         |  |
| E-mail Addre                                                                                                | ess: 51                                | clesias                         | Obea                     | acyLP. Co                                |                                                  | Conditions of                         |                                                                   |                                                                                |                                                            | Attached                       |                           |  |
| ļ                                                                                                           |                                        |                                 | 1                        | J                                        | - 200                                            | a dialla a                            |                                                                   |                                                                                | <b>•</b> • • • • •                                         | 1 mached                       | استا<br>ا                 |  |
|                                                                                                             | -9-14                                  |                                 | Phone                    | : 4/22-2/5-                              | · 75%"                                           |                                       | per O.C.D. R<br>EDIATION P                                        | uies &                                                                         | Guidell                                                    | nes                            |                           |  |

## Patterson, Heather, EMNRD

| From:        | Oberding, Tomas, EMNRD                           |
|--------------|--------------------------------------------------|
| Sent:        | Thursday, October 09, 2014 3:12 PM               |
| То:          | Bratcher, Mike, EMNRD; Patterson, Heather, EMNRD |
| Cc:          | trinityoilfieldservices@gmail.com                |
| Subject:     | FW: Legacy Reserves Johnson A Fed 004 C-141      |
| Attachments: | Johnson A Fed 004 C-141.pdf                      |

Aloha fellow Environmental-types,

Hope all has been well of late.

This one I believe is yours according to the new column in RBDMS.

Let me know if I can help and please be nice to Todd, he's a good guy to work with.

Mahalo and be safe out there everyone.

-Doc

Tomáš 'Doc' Oberding, PhD Environmental Specialist – New Mexico Oil Conservation Division Energy, Minerals and Natural Resources Department 1625 N. French Dr. Hobbs, NM 88240 (O): (575) 393-6161 ext 111 (C): 575-370-3180 (F): (575) 393-0720 E-Mail: tomas.oberding@state.nm.us Website: http://www.emnrd.state.nm.us/ocd/

From: Trinity [mailto:trinityoilfieldservices@gmail.com]
Sent: Thursday, October 09, 2014 2:14 PM
To: Oberding, Tomas, EMNRD
Subject: Re: Legacy Reserves Johnson A Fed 004 C-141

## On Oct 9, 2014, at 2:13 PM, Trinity <<u>trinityoilfieldservices@gmail.com</u>> wrote:

> Doc,

>

> Legacy had a leak on the Johnson A Fed 004 on Thursday 10/2/14. The Packing failed on the well and a subsequent leak began. Legacy found the problem and fixed it immediately. A vac truck was called in to pick the free standing oil. They believe that 15bbl was lost and 2bbl recovered. We have notified BLM and checked the Arc. status and they cleared us to begin cleanup. We are currently in the process of removing the affected soil and disposing of it at Lea Land LLC.. Please let me know if you have any concerns or questions. As always it is a pleasure working with you.

>

> Thanks,

>\_

> Todd Roberson

> Trinity Oilfield Services & Rentals, LLC.

> 575-397-4961

> 575-631-3129