

HOBBS OGD

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

OCT 31 2014

Form C-141  
Revised August 8, 2011  
Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

RECEIVED

Release Notification and Corrective Action

OPERATOR

Initial Report  Final Report

Name of Company: ConocoPhillips	Contact: Sean Robinson
Address: 29 Vacuum Complex Lane	Telephone No.: 575-390-8873
Facility Name: EVGSAU 0546-001	Facility Type: oil well

Surface Owner: State	Mineral Owner:	API No.: 3002526514
----------------------	----------------	---------------------

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
B	5	18S	35E	1100	North	1600	East	Lea

Latitude 32.7811394316077 Longitude -103.476475577022

NATURE OF RELEASE

Type of Release: Spill	Volume of Release: 5.6 BBLs	Volume Recovered: 5 BBLs
Source of Release: Stuffing box	Date and Hour of Occurrence: 10/17/13 8:25 am	Date and Hour of Discovery: SAME
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Geoffrey LeKing	
By Whom? David May	Date and Hour: 10/18/13 1:30 pm	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse:	

If a Watercourse was Impacted, Describe Fully.\*

Describe Cause of Problem and Remedial Action Taken.\*  
MSO found the stuffing box packing leaking on the EVGSAU 0546-001. MSO isolated well and replaced packing.

Describe Area Affected and Cleanup Action Taken.\*  
The release affected 1,087 square feet of lease pad. RECS personnel were on site on December 9<sup>th</sup>, 2013 to visually assess the release. Based on this assessment, a Corrective Action Plan (CAP) was submitted to and approved by NMOCD on April 10<sup>th</sup>, 2014. Corrective actions began at the site on May 13<sup>th</sup>, 2014. The release area was scraped down to 1 foot bgs and a bottom composite of the scrape was taken to a commercial laboratory for analysis. The bottom composite at 1 ft bgs returned a laboratory chloride reading of 144 mg/kg and a GRO and DRO reading of non-detect. A request to backfill the site was sent to NMOCD on June 10<sup>th</sup>, 2014, and the request was approved on June 11<sup>th</sup>, 2014. All excavated soil, a total of 120 cubic yards, was taken to a NMOCD approved facility for disposal. A total of 140 cubic yards of base coarse caliche was imported to the site to serve as backfill. A sample of the base coarse caliche was taken to a commercial laboratory for analysis and returned a chloride value of 160 mg/kg. The site was backfilled with the imported base coarse caliche and contoured to the surrounding location.

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 or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability 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.

Signature:	<b>OIL CONSERVATION DIVISION</b>	
Printed Name: SEAN ROBINSON	Approved by Environmental Specialist:	
Title: OPERATIONS SUPERVISOR	Approval Date: 10-31-14	Expiration Date: _____
E-mail Address: sean.robison@cop.com	Conditions of Approval: _____	Attached <input type="checkbox"/>
Date: 9/2/14 Phone: 575-390-8873		IRP-3401

\* Attach Additional Sheets If Necessary

P 10 1430 434559  
P 10 1430 434707

OCT 31 2014