

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

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.

Release Notification and Corrective Action

NAB1510640722

OPERATOR

☐ Initial Report ☒ Final Report

Name of Company	Fair Oil, Ltd.	65531	Contact	Rodney K. Thomson
Address	P.O. Box 689, Tyler Tx 75710		Telephone No.	903-510-6527
Facility Name	Fair 17 Federal #2		Facility Type	Oil Production Tank Battery
Surface Owner	BLM	Mineral Owner	BLM	API No. 30-015-41763

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
E	17	17S	31E	1792	North	727	West	Eddy

Latitude _____ Longitude _____

NATURE OF RELEASE

Type of Release	Oil	Volume of Release	42 bbls	Volume Recovered	40 bbls
Source of Release	Tank Battery	Date and Hour of Occurrence	11-17-14 6:30 am	Date and Hour of Discovery	11-17-14 6:30 am
Was Immediate Notice Given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom?			
By Whom?	Rodney K. Thomson	Date and Hour 1-18-14			
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.*

NM OIL CONSERVATION
ARTESIA DISTRICT

DEC 08 2014

Describe Cause of Problem and Remedial Action Taken.*

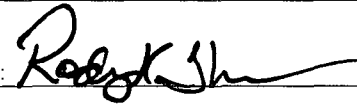
Hammer Union was disconnected and valve to tank left open while filling tank.

RECEIVED

Describe Area Affected and Cleanup Action Taken.*

Disconnected hammer union and open valve on tank caused spill when filling storage tank. All spilled oil was contained within the firewall of the tank battery. 40 bbls of the 42 bbls spilled was recovered. Contaminated material within firewall was removed and hauled to disposal site. Fresh material was placed within the firewall. Cleanup completed on 11-18-14.

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: 	OIL CONSERVATION DIVISION	
Printed Name: Rodney K. Thomson	Accepted for record NMOCD	
Title: Production Manager	Approval Date: 11/16/14	Expiration Date: N/A
E-mail Address: production@fairoil.com	Conditions of Approval: Analytical	Attached <input type="checkbox"/>
Date: 12-4-14	Phone: 903-510-6527	2RP-2955

* Attach Additional Sheets If Necessary

ENVIRONMENTAL RELEASE NOTIFICATION**Call-In Sheet**Date: 11/18/14Notice received by: MBName of Company/Phone #
FAIR Oil LtdFacility Name
FAIR 17 Fed #2API #
015-41763Sec. E-17 Township 17S Range 31EDate of Occurrence
11/18/14Date/Hour of Discovery
11/18/14 2 AMType of Release
OilVolume of Release
42 bblsVolume Recovered
40 bblsBriefly Describe Cause of Problem and action taken: New well - spill contained in
unlined berm - ground was frozen when release occurredNotice given by: Name/ Company
Rodney Thompson FAIR Oil903-510-6527Date/Hour Immediate Notice given
11/18/14 3 PMDate C-141 received: 12/8/142RP- 2955

FLARE NOTIFICATION**Call-In Sheet**

Date: _____

Notice received by: _____

Name of Company/Phone # _____

Facility Name _____

Date of Occurrence _____

Date/Hour of Flare _____

Type of Release _____

Flared MCF Volume _____

Volume Recovered _____

Briefly Describe Cause of Problem and action taken: _____

Notice given by: Name/ Company _____

Date/Hour Immediate Notice given _____

Date C-141 received: _____

2RP- _____