State of New Mexico **Energy Minerals and Natural Resources** 

Oil Conservation Division

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back

| District IV<br>220 S. St. Franc  |  | a Fe, NM 87410                                     | 5  | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505             |                                     |  |   |   | with Rule 116 on back<br>side of form                       |   |   |                                       |  |
|--|--|--|--|--|-------------------------------------|--|---|---|---|---|---|---------------------------------------|--|
|  |  |  | Rele   |  |                                     |  | orrective A   | ction                                       | 1   |   |   |                                       |  |
|  |  |  | 11011  |  |                                     | PERAT  |   |   |   | al Report   |   | Final Repo                            |  |
|  |  |  |  |  |                                     |  | <b>DPERATOR</b> X Initial Report Final Repo<br>Contact Randy Smith  |   |   |   |   |                                       |  |
|  |  |  |  |  |                                     |  | Telephone No  |   |   |   |   |                                       |  |
| Facility Name   Monument   |  |  |  |  |                                     |  | Facility Type Natural Gas Pipeline  |   |   |   |   |                                       |  |
| Surface Owner Yes Mineral Owner  |  |  |  |  |                                     |  | Lease No.   |   |   |   |   |                                       |  |
| Surface of the   |  |  |  |  |                                     |  |   |   | 1   |   |   |                                       |  |
| Unit Letter  | Section  |  |  |  |                                     | ION OF RELEASE<br>orth/South Line   Feet from the   East/V |   |   |   | West Line   County□Lea                                  |   |                                       |  |
| Ollit Letter   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$    |  |  |  | Norui                               |  |   |   |   |   |   |                                       |  |
|  | <b></b> · ·  | 26'+   | <b>1</b>   | NAT  | TIDE                                | OF REL   | FASE  |   |   |   |   |                                       |  |
| Type of Rele   | ase Natural  | Gas Pinelin  | e Blowdoy  |  | IURE                                |  |   | CF  | Volume l  | Recovered   | 0   |                                       |  |
| Type of Release Natural Gas Pipeline Blowdown<br>Source of Release 2in. Blowdown   |  |  |  |  |                                     |  | Volume of Release 957 MSCF     Volume Recovered 0       Date and Hour of Occurrence     3-       Date and Hour of Discovery 3-29  |   |   |   |   |                                       |  |
|  |  |  |  |  |                                     |  | 29-06 5:05 PM 3:30 PM   |   |   |   |   |                                       |  |
| Was Immedia  | ate Notice (   |  | IYes □   | No x Not   | Remire                              | If YES, To   | • Whom?   |   |   |   |   |                                       |  |
| Pu W/hom2  |  |  |  |  |                                     |  |   |   |   |   |   |                                       |  |
| By Whom?  Was a Watercourse Reached?   |  |  |  |  |                                     |  | Date and Hour□       If YES, Volume Impacting the Watercourse.  |   |   |   |   |                                       |  |
| Yes x No   |  |  |  |  |                                     |  |   |   |   |   |   |                                       |  |
| If a Watercon  | irse was Im  | pacted, Desci                                      | ribe Fully.  | *  |                                     | 1  |   |   |   | · · ·   |   | ·                                     |  |
| Describe Cause of Problem and Remedial Action Taken.*<br>Pipeline leak shut in pipeline and blew down line.<br>Describe Area Affected and Cleanup Action Taken.*<br>None |  |  |  |  |                                     |  | N CONTROLOGIA<br>NO CONTROLOGIA |   |   |   |   |                                       |  |
| regulations a<br>public health<br>should their<br>or the enviro  | ll operators<br>or the envi<br>operations l<br>nment. In | are required ironment. The have failed to          | to report a<br>e acceptan<br>adequatel<br>OCD acce | nd/or file certain<br>ce of a C-141 rep<br>y investigate and | release n<br>oort by th<br>remediat | otifications a<br>e NMOCD n<br>e contaminat                | whowledge and used perform correct<br>narked as "Final R<br>ion that pose a three the operator of<br>OIL CON  | ctive ac<br>Report"<br>reat to g<br>respons | tions for re<br>does not re<br>round wate<br>sibility for o | leases which<br>lieve the oper, surface w<br>compliance | n may e<br>erator o<br>rater, hu<br>with an | ndanger<br>f liability<br>1man health |  |
| Signature:   |  |  |  |  |                                     | Approved by District Supervisor:                           |   |   |   |   |   |                                       |  |
| Printed Name: Randy Smith  |  |  |  |  |                                     |  |   |   | n i di  |   |   |                                       |  |
| Title:   |  |  |  |  |                                     | Approval Da  |   |   | Expiration  | Attache   | a 🗖   |                                       |  |
| Date: 3-30-<br>Attach Addi   | 1.01   | ets If Neces<br>- FPAC<br>& - NF<br>thon-<br>0 # 9 | sary<br>061<br>0ACC<br>- p fi<br>57                | Phone:505-885<br>993255<br>619932<br>40619                   |                                     | Conditions of<br>P<br>2760                                 | of Approval:  |   |   |   | <u> </u>                                    |                                       |  |