GW - 51

# MONITORING REPORTS

DATE:
2007 - Present



2007 JUN 5 PA 1 28

P.O. Box 2521 Houston, TX 77252-2521 Office 713/880-6500 Fax 713/880-6660

May 30, 2007

7006 2150 0005 7018 3920 Return Receipt Requested

Wayne Price, Environmental Bureau Chief New Mexico Oil Conservation Division 1220 South St. Francis Drive Santa Fe, NM 87505

**RE:** Release Notification

(GW-51)

Val Verde Gas Gathering L.P.

Dear Mr. Price,

Val Verde Gas Gathering L.P. is hereby providing written notification of a planned release that occurred in San Juan County, New Mexico. Please find the enclosed C-141 Form for this event. This information is being provided in follow up to a verbal notification provided to Brandon Powell on May 17, 2007.

If you have questions or need additional information, please contact Evan Tullos, our area environmental representative at 505-599-2256, or me directly at 713-880-6518.

Yours truly,

Mary E. Hebert

**Environmental Director** 

/sjn

attachment

cc: Mr. Brandon Powell, Deputy Inspector, NMOCD/Aztec, NM

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District 2 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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

Form C-141

Revised October 10, 2003

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

# **Release Notification and Corrective Action**

|  |               |                |             | OPERATOR   Initial Report   Fina       |                                 |                                     |                           |   |              | l Report     |       |         |    |
|--|---------------|----------------|-------------|--|---------------------------------|-------------------------------------|---------------------------|---|--------------|--------------|-------|---------|----|
| Name of Co   | mpany: V      | 'al Verde Ga   | ing LP      |  | Contact: Robert "Chip" Prentiss |                                     |                           |   |              |              |       |         |    |
| Address: 11  | 19 County     | Road 4900      |             |  | Telephone No.: 505-632-6476     |                                     |                           |   |              |              |       |         |    |
| Facility Name: Val Verde Treating Facility   |               |                |             |  |                                 | Facility Type: Natural Gas Treating |                           |   |              |              |       |         |    |
| Surface Owner Mineral Owner  |               |                |             |  |                                 | r Lease No.                         |                           |   |              |              |       |         |    |
| LOCATION OF RELEASE  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| P  | 18            | 30             | Range<br>11 | reet from the                          | North                           | n/South Line   Feet from the   Eas  |                           |   | vest Line    | San Juan     |       |         |    |
| Latitude 36° 43.99 Longitude 107° 55.87  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| NATURE OF RELEASE  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| Type of Release: Natural Gas Volume of Release: 623 Mcf Volume Recovered: None   |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                | repare for  | hydrostatic test                       |                                 |                                     | lour of Occurrence        |   |              | Hour of Disc |       |         |    |
|  |               |                |             |  |                                 | 5/17/07                             | 10:45 a.m.                |   |              | was a planne |       |         |    |
| Was Immedia  | ite Notice C  | _              |             |  | -                               | If YES, To                          |                           |   |              |              |       |         |    |
|  |               | $\boxtimes$    | Yes         | ] No 🗌 Not Re                          | equired                         | Brandon P                           | owell                     |   | •            |              |       |         |    |
| By Whom? E   | van Tullos    |                |             |  |                                 | Date and Hour 5/17/07 11:15         |                           |   |              |              |       |         |    |
| Was a Water  |               | hed?           |             |  |                                 | If YES, Vo                          | lume Impacting            | the Wate                                | rcourse.     |              |       |         |    |
|  |               |                | Yes 🗵       | ] No                                   |                                 |                                     |                           |   |              |              |       |         |    |
| If a Watercou  | rse was Imi   | nacted Descri  | ibe Fully : | *                                      |                                 |                                     |                           |   |              | ******       |       |         |    |
| Not applicable   |               | pacted, Dener  | ioc i unij. |  |                                 |                                     |                           |   |              |              |       |         |    |
| The state of the s |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               | em and Remed   |             |  |                                 | ~ ·                                 |                           |   | •            |              |       |         |    |
| A facility shu   | tdown was     | scheduled to   | test emerg  | gency shutdown d                       | evices:                         | Certain vesse                       | is at the plant we        | re blown                                | down to a    | ecomplish th | ilS.  |         |    |
|  |               | ž              |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               | 5              |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| Describe Are   | a Affected a  | and Cleanup A  | Action Tal  | cen.*                                  |                                 | <u> </u>                            | <del></del>               |   |              |              |       |         |    |
| Not applicabl  |               | ì              |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| }  |               | 2              |             |  |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| I hereby certi   | fy that the i | nformation gi  | iven above  | e is true and comp                     | lete to t                       | he best of my                       | knowledge and u           | ınderstar                               | id that purs | suant to NM( | OCD r | ules ai | nd |
|  |               |                |             | nd/or file certain r                   |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             | ce of a C-141 report investigate and r |                                 |                                     |                           |   |              |              |       |         |    |
|  |               |                |             | otance of a C-141                      |                                 |                                     |                           |   |              |              |       |         |    |
|  |               | ws and/or regu |             |  | - poir a                        |                                     | p-1                       | · • · · · · · · · · · · · · · · · · · · | o            | ompilanee w  |       | 01110   |    |
|  |               |                |             |  |                                 |                                     | OIL CONSERVATION DIVISION |   |              |              |       |         |    |
|  |               | 74             |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| Signature:   | Signature:    |                |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| D.C. to 123  | , , ,         |                |             | Approved by District Supervisor:       |                                 |                                     |                           |   |              |              |       |         |    |
| Printed Name   | : Mary E.     | HEDORT         |             |  |                                 |                                     |                           |   |              |              |       |         |    |
| Title: Director, Field Environmental   |               |                |             |  |                                 | Approval Da                         | e:                        | Expiration Date:                        |              |              |       |         |    |
| E-mail Address: bhebert@eprod.com  |               |                |             |  |                                 | Conditions of Approval:             |                           |   |              |              |       |         |    |
|  |               |                |             |  |                                 |                                     |                           |   |              | Attached     |       |         |    |
| Date:  | 5/30/0        | .7 :           | Dhone       | (713) 880-6518                         |                                 |                                     |                           |   |              |              | _     |         |    |
| Attach Addi  |               |                |             | (113) 000-0318                         |                                 |                                     |                           |   |              |              |       |         |    |
| A HUAVII / YUUI  | Dille latter  | いい エエエヤじしじろろ   | at y        |  |                                 |                                     |                           |   |              |              |       |         |    |



CERTIFIED MAIL: 7006 0810 0003 7020 7698

April 30, 2007

New Mexico Oil Conservation Division Wayne Price, Environmental Bureau Chief 1220 South St. Francis Drive Santa Fe, NM 87505

Subject:

Release Notification - Val Verde Gas Gathering LP

(6W-51)

Dear Mr. Price.

Val Verde Gas Gathering LP is hereby providing written notification in accordance to Subsection B, Paragraph (1), and Subparagraph (d) of 19.15.3.116 NMAC for a planned release that occurred in San Juan County, New Mexico. Please find the enclosed C-141 Form for this event. This information has also been provided to Mr. Brandon Powell, NMED Aztec District office by mail and email.

If you have any questions or need additional information, please call Ms. Beth Hebert, EHST Director Field Environmental at (713) 880-6518 or me directly at (505) 599-2256.

Sincerely,

Evan Tullos

Field Environmental

Enclosure

cc: Mr. Brandon Powell, Deputy Inspector, NMOCD/Aztec, NM

WIT TIBY

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District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

Form C-141 Revised October 10, 2003

## **Release Notification and Corrective Action**

|   |   |                |              |  |                         |   | OPERATOR   Initial Report   Fina                     |                  |              |                         |                   | Final Report |  |  |
|---|---|----------------|--------------|--|-------------------------|---|--|------------------|--------------|-------------------------|-------------------|--------------|--|--|
|   |   |                |              |  |                         | Contact: Michael Lee                      |  |                  |              |                         |                   |              |  |  |
| Address: 1119 County Road 4900  |   |                |              |  |                         | Telephone No.: 505-632-6463               |  |                  |              |                         |                   |              |  |  |
| Facility Name: None – Pipeline Location   |   |                |              |  |                         | Facility Type: None – Pipeline Location   |  |                  |              |                         |                   |              |  |  |
| Surface Owner Mineral Owner   |   |                |              |  |                         |   | Lease No.  |                  |              |                         |                   |              |  |  |
| LOCATION OF RELEASE   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Unit Letter<br>P  | Section Township Range 99 Feet from the North                     |                |              |  |                         | n/South Line   Feet from the   East/Wes   |  |                  | Vest Line    | st Line County San Juan |                   |              |  |  |
| Latitude 36° 43.480 Longitude 107° 47.764_  |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| NATURE OF RELEASE   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
|   |   |                |              |  |                         |   | Volume of Release: 372.51 Mcf Volume Recovered: None |                  |              |                         |                   |              |  |  |
| Source of Re  | Source of Release: Purge line for to prepare for hydrostatic test |                |              |  |                         |   |  |                  |              |                         | Hour of Discovery |              |  |  |
| Was Immedia   | ate Notice (  | Given?         |              |  |                         |   |  |                  | N/A - It     | vas a planned release.  |                   |              |  |  |
| Was Immediate Notice Given?  ☐ Yes ☐ No ☒ Not Required ☐ If YES, To Whom?   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| By Whom?  |   |                |              |  |                         | Date and Hour                             |  |                  |              |                         |                   |              |  |  |
| Was a Water   | course Read   |                |              | _  |                         | If YES, Volume Impacting the Watercourse. |  |                  |              |                         |                   |              |  |  |
|   |   |                | Yes 🗵        | ] No                                       |                         |   |  |                  |              |                         |                   |              |  |  |
| If a Watercourse was Impacted, Describe Fully.*   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Not applicable  | Not applicable  |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
|   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
|   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| 1   |   | em and Reme    |              | n Taken.*<br>e for a hydrostatic           | toot                    |   |  |                  |              |                         |                   |              |  |  |
| A section of §  | gamering in   | ne was purged  | i to prepar  | e for a flydrostatic                       | test.                   |   |  |                  |              |                         |                   |              |  |  |
|   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Danaila Ano   | o Affected  | and Classia    | A sais - Tol | *  |                         |   | ****   |                  |              |                         |                   |              |  |  |
| Not applicab  |   | and Cleanup A  | Action Tai   | ten.∓                                      |                         |   |  |                  |              |                         |                   |              |  |  |
|   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| I be a subsection of  | Contlant along  | :C             |              |  |                         | 1   | , , , , ,  |                  |              |                         |                   |              |  |  |
| regulations a   | ll operators  | are required t | o report at  | is true and compl<br>nd/or file certain re | iete to tr<br>elease no | ie best of my<br>otifications a           | Knowledge and u                                      | nderstar         | nd that purs | suant to NMC            | )CD ru<br>nav en  | iles and     |  |  |
| public health   | or the envi   | ronment. The   | acceptane    | ce of a C-141 repo                         | rt by the               | NMOCD m                                   | arked as "Final R                                    | eport" d         | loes not rel | ieve the opera          | ator of           | liability    |  |  |
| 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.   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
|   | OIL CONSERVATION DIVISION   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Cianatura:  | .9 / //   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Signature: Who Jellin   |   |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Printed Name: EVEN TEllos   |   |                |              |  |                         |   | Approved by District Supervisor:                     |                  |              |                         |                   |              |  |  |
| Title: Field Environmental  |   |                |              |  |                         |   | e:   | Expiration Date: |              |                         |                   |              |  |  |
| E-mail Address: entillos @ eprod.con  |   |                |              |  |                         | Conditions of Approval:                   |  |                  | a*           | Attached                |                   |              |  |  |
|   | Date: 4.30.07 Phone: 505.599-2256                                 |                |              |  |                         |   |  |                  |              |                         |                   |              |  |  |
| Attach Addi   | tional She  | ets If Necess  | arv          |  |                         |   |  |                  |              | <del></del>             |                   |              |  |  |