State of New Mexico
Oil Conservation Division

Incident ID	NAB1914258619
District RP	2RP-5441
Facility ID	
Application ID	pAB1914258282

Remediation Plan

Remediation Plan Checklist: ***Each of the following items must be included in the report.***

- [x] Detailed description of proposed remediation technique
- [x] Scaled sitemap with GPS coordinates showing delineation points
- [x] Estimated volume of material to be remediated
- [x] Closure criteria is to Table 1 specifications subject to 19.15.29.12(C)(4) NMAC
- [x] Proposed schedule for remediation (note if remediation plan timeline is more than 90 days OCD approval is required)

Deferral Requests Only: ***Each of the following items must be confirmed as part of any request for deferral of remediation.***

- [ ] Contamination must be in areas immediately under or around production equipment where remediation could cause a major facility deconstruction.
- [ ] Extents of contamination must be fully delineated.
- [ ] Contamination does not cause an imminent risk to human health, the environment, or groundwater.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD 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 OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD 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.

Printed Name: Amanda T. Davis Title: EHS Representative

Signature: ATDavis Date: 5/21/2019

email: Amanda.Davis@DVN.com Telephone: 575-748-0176

OCD Only

Received by: _____ Date: _____

- [ ] Approved
- [ ] Approved with Attached Conditions of Approval
- [ ] Denied
- [ ] Deferral Approved

Signature: _____ Date: _____