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

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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

| nMLB1004242112 | | | | | | OPERATOR Initial Report Final I | | | | | | Final Report | | |
|---|--------------|----------------------------------|-------------------|--|------------|---|--|-----------|-----------------------|-------------|-----------------------|--------------|--|--|
| Name of Company Devon Energy 6/37 | | | | | | Contact Jerry Mathews | | | | | | | | |
| Address 6488 Seven Rivers Hwy - P.O. Box 250 | | | | | | Telephone No. (575) 748-5234 (cell) | | | | | | | | |
| Facility Name Joell 6 #2 Tank Battery | | | | | | Facility Type Tank Battery | | | | | | | | |
| Surface Owner: State Mineral Owner: | | | | | | State | | | API # 30-015-33292 | | | | | |
| LOCATION OF RELEASE | | | | | | | | | | | | | | |
| | | | | | | | | | st/West Line County | | | | | |
| G | | | | 1 | North 1130 | | East | | Eddy | | | | | |
| | L | | | | | | | | | | | | | |
| Latitude N 32° 20.210' Longitude W 104° 13.484' | | | | | | | | | | | | | | |
| Tyme of Dele | 050 I | Produced Water | | NAT | ., | Volume of Release Volume Recovered 0 bbl fluids | | | | | | | | |
| Type of Release Produced Water | | | | | | | 33 bbl | | | | | Iluids | | |
| Source of Release Water Tank | | | | | | | | | | | and Hour of Discovery | | | |
| Was Immediate Notice Given? | | | | | | 1/16/10 10:00 AM | | | | | | | | |
| ✓ Yes ☐ No ✓ Not Required | | | | | | | Artesia Office, NMOCD and BLM | | | | | | | |
| By Whom? Shannon Moss - Foreman | | | | | | Date and Hour 1/16/10 3:00 PM | | | | | | | | |
| Was a Watercourse Reached? ☐ Yes ☒ No | | | | | | If YES, Volume Impacting the Watercourse. | | | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Circulating valve on the back of the water tank had frozen and ruptured. Describe Area Affected and Cleanup Action Taken.* | | | | | | | | | | | | | | |
| | | • | | | | | , | | | | | | | |
| | | | | measuring approx | | | | | | | | | | |
| | | | | chloride concentra ty. Figures are at | | | | | | | | | | |
| disposed at an NMOCD approved disposal facility. Figures are attached that show the site location, the tank battery and sample point locations (Fig #1 through Fig #3). Laboratory data and chain of custody documentation is also attached. | | | | | | | | | | | | | | |
| 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 a | ll operators | are required to | report an | d/or file certain re | elease n | otifications a | nd perform correct | tive acti | ions for rela | eases which | may en | danger | | |
| 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 environ | nment. In a | ddition, NMO | CD accep | tance of a C-141 | | | | | | | | | | |
| federal, state, | or local lav | ws and/or regu | lations. | | —Т | | OIL COM | ero v | ATTONI | DIVICIO | N.I | | | |
| Signature: Ceny Mallon | | | | | | OIL CONSERVATION DIVISION | | | | | | | | |
| Printed Name Jerry Mathews | | | | | | Signed By Mily Branden | | | | | | | | |
| Finted Name | e: Jerry M | Approved by District Supervisor: | | | | | | | | | | | | |
| Title: Workover / Completion Foreman A | | | | | | | Approval Date SEP 2 9 2011 Expiration Date: NA | | | | | | | |
| E-mail Addre | ss: Jerry. | Conditions of | Approval: NA | | 1 | Am 1 . | | | | | | | | |
| | 7/10 | | e: (575) <i>7</i> | 48-5234 | | | | \ h | | Attached | Ц | | | |
| Attach Addit | | | | 10°J4J1 | | <u> </u> | / | 17.4 | | 100 | 1 | | | |
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