<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

DEC 16 2011

RECEIVED

Form C-141 Revised October 10, 2003

NMOCD ARTESIAND Copies to appropriate

District Office in accordance
with Rule 116 on back
side of form

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Release Notification and Corrective Action

| nMLB/135 | | 9 | | | | PERAT | | t Ellis | ⊠ Initi | al Report | \boxtimes | Final Report | |
|--|---|---------------|---------------|-------------|-------|--|--|------------|-----------------------|-----------|------------------|--------------|--|
| Name of Co | | COG OP | | ntact | | | | | | | | | |
| Address | | Texas, Suite | | lephone N | | 230-007 | | | | | | | |
| Facility Nan | ne | High Net | Fa | cility Type | e SWD | Facilit | <u>y</u> | | | | | | |
| Surface Own | ner Feder | al | er | | | | Lease N | lo. (API#) | 30-015 | -35602 | | | |
| | | | | LOCAT | ION (| OF REL | EASE | | | | | | |
| Unit Letter (lot) 2 | it Letter Section Township Range Feet from the Nort | | | | | /South Line Feet from the Eas | | | West Line County Eddy | | | | |
| Latitude 32.16625 Longitude 104.05631 | | | | | | | | | | | | | |
| Type of Release Produced water Volume of Release 175bbls Volume Recovered 174bbls | | | | | | | | | | | | | |
| | | | | | | Volume of Release 175bbls Volume Recovered | | | | | | | |
| Source of Rel | ease Wate | tank | | | | | | | | | our of Discovery | | |
| Was Immediate Notice Given? | | | | | | | 12/09/2011 12/09/2011 6:00 a.m. If YES, To Whom? | | | | | | |
| ✓ Yes ☐ No ☐ Not Required | | | | | | | Wildin. | Mike B | ratcher-O | CD | | | |
| | | | | | | | | Jim A | mos-BLM | 1 | | | |
| | | | | | | | | | regston-B | LM | | | |
| By Whom? Josh Russo | | | | | | | Date and Hour 12/12/2011 11:26 a.m. If YES, Volume Impacting the Watercourse. | | | | | | |
| Was a Watercourse Reached? ☐ Yes ☒ No | | | | | | | iume Impacting ti | ne Wate | rcourse. | | | | |
| | | | | | | | | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | | | | | | |
| A power failure at the SWD facility disable high level alarms which resulted in a water tank overflow. Electricians restored power supply and transponder has been repaired. | | | | | | | | | | | | | |
| Describe Area Affected and Cleanup Action Taken.* | | | | | | | | | | | | | |
| Initially 175bbls of produced water were released from the water tank inside the SWD facility. We were able to recover 174bbls with vacuum trucks. All free fluid has been recovered and contaminated gravel has been hauled to disposal. This facility is lined with a 40mil liner. The equipment has been steamed and new gravel has been added to the facility as necessary. The facility has been returned to its prior condition. | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| | | 7 / | $\overline{}$ | | | | OIL CONS | ERV | ATION | DIVISIO | N | | |
| C: | / / | - 1 | ((| | | | | | 1 , | | | | |
| Signature: | / " | \dashv | • | Signed By | Ali) | & Bres | ared se | _ |] | | | | |
| Printed Name: | <u>l</u> | Josh | Russo | | | | Signed By District Supervisor | i | | | | | |
| Title: | | HSE Co | ordinator | | Apr | proval Date | C 2 0 2011 | E | xpiration | Date: NA | | | |
| E-mail Addres | s: | jrusso@conch | oresource | es.com | Con | nditions of | Approval: N | | \cap | Attached | | | |
| | /15/2011 | Phone: | | 12-2399 | | | 4 | Inaf | | | | | |
| Attach Additi | onal Shee | ts If Necessa | ry | - | | | | | | 2Ri | A. 9 | 182 | |