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 Form C-141 Revised October 10, 2003

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

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nMLB1021653123						OPERA'	ГOR	Initial Report Final Rep			
Name of Co		3	d b	(()		Contact	2 ofter Y	25 sept to M	······································		······
		Loco						177 231	2		
Facility Na	me (75 A 11	# 3			Facility Tyr	e Iradue	11)01)	<u> </u>	
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Surface Ow	ner fe	d		Mineral (Owner	Fed		Lease 1	No. LC	529	839 H
LOCATION OF RELEASE											
Unit Letter	Section	Township	Range	Feet from the	North/	South Line	Feet from the	East/West Line	County		
O	13	17	30	440	2	5	1980	w	EL		
LatitudeLongitude											
NATURE OF RELEASE											
Type of Release Volume of Release Unknown Volume Recovered O											
Source of Release							our of Occurrence	e Date and	Hour of Dis		
Was Immedia						If YES, To	Whom? D. 6				
🔀 Yes. 🗌 No 🗌 Not Required						7/23	S 2. 6	· acq			
By Whom? B. Marthaus							our 7123	9 am			
Was a Watercourse Reached?							lume Impacting t	he Watercourse.			
☐ Yes 🔀 No											
Describe Cau	se of Proble	em and Remed	dial Action	Taken.*	, 6	بمولد	were	lerujni	•		
	in an	ni bae	alon,	A . guru				d', qu !			
regulations all public health of should their of	operators a or the environ perations ha ment. In ad	re required to onment. The we failed to a dition, NMO	report and acceptance dequately CD accept	d/or file certain re e of a C-141 repo investigate and re	lease not t by the mediate	tifications an NMOCD ma contaminatio	d perform correct rked as "Final Re n that pose a thre the operator of re	nderstand that purs ive actions for rele port" does not reli- at to ground water esponsibility for co	ases which asee the oper surface was mpliance w	may enda ator of lia ter, huma ith any ot	nger bility n health
Printed Name: Balton Matheus						Approved by Distaired By Some Service					
Title: Supy.						Approval Date: 3/28/2011 Expiration Date: NA					
E-mail Addres	s: boc	ilh@	putne	tworks · no			Approval: LKE	Ŋ	Attached	П	

* Attach Additional Sheets If Necessary

Phone: 575. 277 . 1313

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