District I 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410

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 1 Copy to appropriate District Office to accordance with 19.15.29 NMAC.

Form C-141

Revised August 8, 2011

| Release Notification and Corrective Action                          |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                |                                                                            |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|-----------------------------------------|--|
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | OPERAT                                                                     | TOR                                                                           |                                              |                                                                  | al Report                                                    |                                       | Final Report                            |  |
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Contact Bobby Spearman                                                     |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Telephone No.(505)-320-3045                                                |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Facility Name: San Juan 32-9 J7A                                    |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Facility Type: Gas well                                                    |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Surface Owner: BLM Mineral Owner: I                                 |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Fed API No. 300452 8930000                                                 |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  | LOCA                                                                          | TION                           | OF REI                                                                     | LEASE                                                                         |                                              |                                                                  |                                                              |                                       |                                         |  |
| Unit Letter<br>F                                                    | Section<br>8                                                                                                                                                                                                                   | Township 31                                       | Range 9                                          | Feet from the 1500                                                            | I CONTRACTOR OF                | th/South Line Feet from the East/West Line County North 1600 West San Juan |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Latitude 36.9155 Longitude -10780605  NATURE OF RELEASE             |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                |                                                                            |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Type of Release Condensate / Produce water                          |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Volume of Release 10/70 Volume Recovered 10/70                             |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Source of Release Pit tank                                          |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Date and Hour of Occurrence Date and Hour of Discovery                     |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | 2-26-16 11:00A Same                                                        |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Was Immediate Notice Given?   ☐ Yes ☐ No ☐ Not Required             |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | If YES, To Whom? Cory Smith NMOCD, Katherina Diemer BLM                    |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| By Whom?                                                            | Lisa Hu                                                                                                                                                                                                                        |                                                   |                                                  |                                                                               |                                | Date and Hour                                                              |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Was a Watercourse Reached?  ☐ Yes ☑ No                              |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | If YES, Volume Impacting the Watercourse.                                  |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| If a Watercourse was Impacted, Describe Fully.*                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                |                                                                            | OIL CONS. DIV DIST. 3                                                         |                                              |                                                                  |                                                              |                                       |                                         |  |
| MAR 07 2016                                                         |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                |                                                                            |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Separator ba<br>berm and pit                                        | as soon as o                                                                                                                                                                                                                   | and Cleanup                                       | ed and du<br>ut in well                          | mped all liquids to<br>to repair separator<br>ken.*                           |                                |                                                                            | All liquids went                                                              | to water                                     | rside dump a                                                     | nd were dun                                                  | mped t                                | o pit. Pulled                           |  |
| The short                                                           | Released contained to berm area of location. Sample and excavate as needed  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<br>public health<br>should their or<br>or the environ | Il operators<br>or the envi<br>operations h<br>nment. In a                                                                                                                                                                     | are required to<br>ronment. The<br>nave failed to | to report as<br>acceptandadequately<br>OCD accep | nd/or file certain rece of a C-141 report investigate and retained of a C-141 | elease nort by the<br>emediate | otifications as<br>e NMOCD m<br>e contaminati                              | nd perform corr<br>arked as "Final<br>on that pose a the<br>e the operator of | ective as<br>Report"<br>hreat to<br>f respon | ctions for rel<br>does not rel<br>ground wate<br>ssibility for c | eases which<br>ieve the ope<br>r, surface wa<br>compliance v | may<br>rator of<br>ater, h<br>with an | endanger<br>of liability<br>uman health |  |
| Signature: Recumen                                                  |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | OIL CONSERVATION DIVISION                                                  |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Printed Name: Bobby Spearman                                        |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Approved by Environmental Specialist:                                      |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| Title: Field Environmental Specialist                               |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | Approval Date: 03 08 2016 Expiration Date:                                 |                                                                               |                                              |                                                                  |                                                              |                                       |                                         |  |
| E-mail Addre                                                        | ess: Robert                                                                                                                                                                                                                    | .E.Spearman                                       | @conoco                                          | phillips.com                                                                  |                                | Conditions of                                                              | Approval:                                                                     |                                              |                                                                  | Attached                                                     |                                       |                                         |  |
| Date: 3-1-/2                                                        |                                                                                                                                                                                                                                |                                                   |                                                  | one: (505) 320-30                                                             | )45                            | Sam                                                                        | 10                                                                            |                                              |                                                                  |                                                              |                                       |                                         |  |
| Attach Addi                                                         | tional She                                                                                                                                                                                                                     | ets If Necess                                     | sary                                             |                                                                               | -                              | TPU.                                                                       | 2-TEV 0                                                                       | War.                                         | ides                                                             |                                                              |                                       |                                         |  |
|                                                                     |                                                                                                                                                                                                                                |                                                   |                                                  |                                                                               |                                | NUF                                                                        | 9, X37E                                                                       | 492                                          | 99                                                               |                                                              |                                       |                                         |  |