

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Form C-141  
Revised March 17, 1999

Oil Conservation Division  
1220 South St. Francis  
Santa Fe, NM 87504

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

Release Notification and Corrective Action

30 039 24933

OPERATOR

X Initial Report X Final Report

Name of Company: Devon Energy Production Company, L.P.	Contact Steve Zink
Address : 1751 Highway 511, P.O. Box 649 Navajo Dam, NM	Telephone No. : 505-632-0244
Facility Name: NEBU 499	Facility Type: Well site

Surface Owner	Mineral Owner: BLM	Lease No. SF-078988
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LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
P	20	31N	06W	925'	FSL	910'	FEL	Rio Arriba

NATURE OF RELEASE

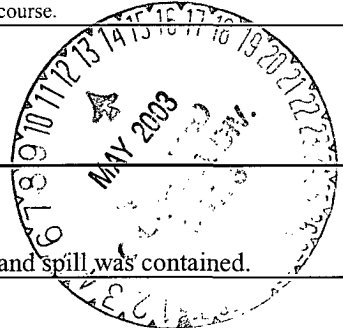
Type of Release: Produced Water	Volume of Release: 20 bbls	Volume Recovered: 0 bbls
Source of Release NEBU 499 separator valve	Date and Hour of Occurrence 4/21/03 @ 10:00 am	Date and Hour of Discovery 4/21/03 @ 10:00 am
Was Immediate Notice Given? X Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Minor spill. Nevertheless, notification left the day following discovery.	If YES, To Whom? Mary Ellen Villaneuva with message left for Charlie Perrin	
By Whom? Darren Smith	Date and Hour 4/22/03 @ 17:00 hrs	
Was a Watercourse Reached? <input type="checkbox"/> Yes X No	If YES, Volume Impacting the Watercourse.	

If a Watercourse was Impacted, Describe Fully.\*

Describe Cause of Problem and Remedial Action Taken.\*  
The 1" blowdown valve on the separator was left open after bringing well on-line. Valve was closed and spill was contained.

Describe Area Affected and Cleanup Action Taken.\*  
225' x 2'. Picked up impacted soil and land farmed.

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.



Signature: <i>Steve Zink</i>	<b>OIL CONSERVATION DIVISION</b>	
Printed Name: Steve Zink	Approved by District Supervisor: <i>Denny Foust</i> for Frank Chavez	
Title: Production Foreman	Approval Date: 5/21/03	Expiration Date:
Date: 5/9/13 Phone: 320-0677	Conditions of Approval:	Attached <input type="checkbox"/>

\* Attach Additional Sheets If Necessary

N DGF0314142722

Revision of earlier report sent on 4/29/13 AS per  
Denny Foust request on 5/8/13.



# Incident Report Form

For Instructions: Click on 'Instructions' worksheet (below window)

EHS Office use only:

Division: 6 Rocky Mountain

Mark all pertinent checkboxes:

<input checked="" type="checkbox"/> Devon Energy Production Co.,	<input type="checkbox"/> Devon Gas Services, L.P.	<input type="checkbox"/> Devon SFS Operating, Inc.	<input type="checkbox"/> Devon MND Operating, Inc.
<input type="checkbox"/> Employee	<input type="checkbox"/> Directly Supervised Contractor	<input type="checkbox"/> Contractor	<input type="checkbox"/> Third Party
<input type="checkbox"/> Injury/Illness	<input checked="" type="checkbox"/> Spill	<input type="checkbox"/> Air Release	<input type="checkbox"/> DOT
<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss (Names Optional)	<input type="checkbox"/> PSM
<input type="checkbox"/> NPDES Related	<input type="checkbox"/> Other (What was		

## 1. Reporting Information

Report Date: April 22, 2003	Report Time (a.m. / p.m): 1:00 PM
Name and Title Reporting: Steve Zink (Production Foreman)	
Name and title of person that discovered the incident: Dave Striegel (Lease Operator I)	
Time and date incident discovered/occurred: Date: April 21, 2003	Time (a.m. / p.m): 10:00 AM

## 2. What Happened?

The 1" blowdown valve on the separator was left open after the well's pump was replaced and put back on-line. This valve is opened to follow the LO/TO procedures in place.

Working Activity	<input checked="" type="checkbox"/> Operations	<input type="checkbox"/> Drilling	<input type="checkbox"/> Workover	<input type="checkbox"/> Completions
	<input type="checkbox"/> Facility Construction	<input type="checkbox"/> Pipeline Operations	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Other

## 3. Contractor Information

Contractor Co. Name:	
Address:	
Contact Name/Title and Phone#:	

## 4. Location

Lease Name/Area & Block: Northeast Blanco Unit	OCSG #:	Pipeline/Well #: 499
State: New Mexico	County/Parish: Rio Arriba	
Qtr./Qtr Sec.: SE/SE	Section: 20	Township: T 31N
Longitude:	Latitude:	Range: R 6W
Nearest Town, (name, distance and direction from incident):	Navajo Dam - 20 Miles - SW	

## 5. Injuries (Employee and Contractor):

Name of Injured:	Others?:	DOB(1):	DOB(2):
Work Telephone #:	Home #:	Occupation:	
How were they injured?	Body Part Injured:		
Extent of Injuries:			
Witness Name:	Witness Telephone #:		
Was the injured person transported for treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Hospital/Doctor information
Hospital Name:	Address:	Telephone:	
Doctor Name:	Address:	Telephone:	
Describe Treatment (if known):			

To be completed by the EHS Group: (provide OSHA 301 if incident is an OSHA recordable)

<input checked="" type="checkbox"/> First Aid Only	<input type="checkbox"/> Medical	<input type="checkbox"/> Job Transfer or Restriction	<input type="checkbox"/> Days Away from Work	<input type="checkbox"/> Fatality	<input checked="" type="checkbox"/> Non-Work Related
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### 6. Spills and Air Releases

Material Released:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Chemical	<input type="checkbox"/> Air Emission	<input type="checkbox"/> Other, specify		
Quantity Released:	Oil	Water	20	Quantity	Oil	Water	0
(report all liquids in Bbls)	Chemical	Other		Recovered	Chemical	Other	
Size of the affected area:	225' x 2'						
Time of air release:	Start:		End:				
Describe Area, Property, and Wildlife impacted:	Trees, dirt, rocks						
Describe Immediate Actions taken:	Shut off valve						
Describe Response Actions:	Diked spill to keep from spilling off of location.						

### 7. Vehicle Accident

Driver's Name:		Driver's License #:		DL State:	
Devon Vehicle No.:		If injuries, complete no. 5 above and/or no. 10 below.			
Witness Name:		Witness Phone #:			
Was the accident covered by DOT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, provide DOT#:		
Was a Citation issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, to whom was it issued?		

### 8. Preventive/Corrective Actions (Do not complete for contractors, they will submit their own)

Describe what has/will be done to prevent this incident from happening again here or at another location:

Bring up incident at the next meeting. Ensure that all valves are put back in service before bringing well back on-line. Will pick up the impacted soil and land farm on location)

Responsible Person:	Steve Zink	Due Date:	5/14/2003	Completed Date:	
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### 9. Weather Conditions

Describe conditions of ground:	Dry							
Describe Sea conditions:	Wave Height:		Direction:		Current Speed:		Direction:	
Temperature: (F)	35-65	Describe Weather:	Dry-Windy					
Wind Speed:	0-40	Direction:	SW	Did the weather affect this incident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

### 10. Third Party Involvement

Driver's Name:		Driver's Phone #:	
Driver's License #:		Licensing State:	
Vehicle License #:		Licensing State:	
Insurance Co. Name:		Insurance Co. Phone #:	
Insurance Policy #:		Trucking Co. Name:	
		State PUC #:	

### 11. Notifications

#### Internal Notifications

Date	Devon Persons Notified	Time	Phone Number	Fax Number
4/21/2003	Steve Zink	11:00 AM	320-0677	
4/21/2003	Darren Segrest	11:15 AM	405-245-2620	

#### Agencies / Authorities Notifications

Date	Agency / Authority	Time	Contact Person	Incident / Case #	Phone/Fax	Report Due
	<input type="checkbox"/> USEPA					
	<input type="checkbox"/> MMS					
	<input type="checkbox"/> OSHA					
	<input type="checkbox"/> US Coast Guard					
	<input type="checkbox"/> NRC					
	<input type="checkbox"/> BLM					
4/22/2003	<input checked="" type="checkbox"/> State	17:00	OCD(M. Villaneuva)		505 334-6178	5/1/2003
	<input type="checkbox"/> DOT					
	<input type="checkbox"/> Local					

#### Other Notifications

Date	Persons Notified	Time	Phone Number	Fax Number
	Reviewed By:		Date:	