District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., 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**

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

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

**Release Notification and Corrective Action** 

Form C-141

Revised August 8, 2011

| nHMP   | 1448           | 42575          | _                           |  |  | OPERA:                                     | <b>TOR</b>            |              | ☐ Initi    | al Report |     | Final Report |
|--|----------------|----------------|-----------------------------|--|--|--|-----------------------|--------------|------------|-----------|-----|--------------|
| Name of Company MIEM ENTOCK R.D. 303900  |                |                |                             |  |  |  |                       |              |            |           |     |              |
| Address / /<br>Facility Na   | 301 m          |                | Telephone No. 585-4200-8393 |  |  |  |                       |              |            |           |     |              |
| Facility Na  | ne NSA         | 4 41           |                             |  |  | Facility Type InJECTION LINE               |                       |              |            |           |     |              |
| Surface Ow   | ner            | Owner          |                             |  | API No. 30 -015 - 04907                      |  |                       |              |            |           |     |              |
|  |                |                |                             | LOCA   | ATION  | OF REI                                     | LEASE                 |              |            |           |     |              |
| Unit Letter  | Section        | Township       | Range                       | Feet from the  | North/                                       | South Line                                 | Feet from the         | East         | /West Line | County    |     |              |
| M  | 1 29 165 315 1 |                |                             |  | 198  | 80   |                       |              | Bi         | EDP       | /   |              |
| Latitude 32.894410 Longitude 103.894208  |                |                |                             |  |  |  |                       |              |            |           |     |              |
| NATURE OF RELEASE  |                |                |                             |  |  |  |                       |              |            |           |     |              |
| Type of Rele   |                | RAY            |                             |  | Volume of Release 10 RBIS Volume Recovered 0 |  |                       |              |            |           |     |              |
| Source of Re   |                |                |                             | Date and Hour of Occurrence 5700 Date and Hour of Discovery 8:00 A-971 |  |  |                       |              |            |           |     |              |
| Was Immediate Notice Given?  |                |                |                             |  |  | If YES, To Whom?                           |                       |              |            |           |     |              |
|  |                |                |                             |  |  | J HMCS                                     |                       |              |            |           |     |              |
| By Whom? Was a Watercourse Reached?  |                |                |                             |  |  | Date and Hour                              |                       |              |            |           |     |              |
| was a water  | ourse reac     |                | Yes 💆                       | No   |  | If YES, Volume Impacting the Watercourse.  |                       |              |            |           |     |              |
| If a Watercourse was Impacted, Describe Fully.*  |                |                |                             |  |  |  |                       | RECEIVED     |            |           |     |              |
|  |                |                |                             |  |  | 1  |                       |              |            |           | İ   |              |
| NÓ   |                |                |                             |  |  |  |                       | MAY 1 4 2014 |            |           |     |              |
| Describe Cau   | se of Proble   |                |                             |  | NMOCD ARTESIA                                |  |                       |              |            |           |     |              |
|  |                | 114.1          |                             | -  |  |  |                       |              |            |           |     |              |
| HOLE IN DEDE   |                |                |                             |  |  |  |                       |              |            |           |     |              |
| Hole To Prot  Describe Area Affected and Cleanup Action Taken.*  |                |                |                             |  |  |  |                       |              |            |           |     |              |
|  |                |                |                             |  |  |  |                       |              |            |           |     |              |
|  |                |                |                             |  |  |  |                       |              |            |           |     |              |
| LiGht SHAY ON GROUNS - TANNS GREETS' OK.  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   |                |                |                             |  |  |  |                       |              |            |           |     |              |
| 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.  |                |                |                             |  |  | OIL CONSEDIVATION DIVISION                 |                       |              |            |           |     |              |
|  |                |                |                             |  |  | OIL CONSERVATION DIVISION                  |                       |              |            |           |     |              |
| Signature: Errory / Derry 21   |                |                |                             |  |  |  |                       |              |            |           |     |              |
| Printed Name: EINORY/Y AND TV  |                |                |                             |  |  | Approved by Environmental Specialist:      |                       |              |            |           |     |              |
| Title: Fokt papet  |                |                |                             |  |  | Approval Date: 5/28/14 Expiration Date: NA |                       |              |            |           |     |              |
| E-mail Addres  |                |                | Conditions of Approval:     |  |  |  |                       |              |            |           |     |              |
|  |                | 575-128-8      |                             | 1  |  |  |                       | Attached     |            |           |     |              |
| Date: 5-10-1   |                | o ICNIs        | Phone:                      | 379 77-66 76   |  |  |                       | <del></del>  |            |           |     |              |
| Attach Additi  | onai Sheet     | s it inecessai | гу                          |  | Reme   | ediation pe                                | r OCD Rule & Gu       | idelir       | nes, &     | 2RP-      | 230 | 29           |
|  |                |                |                             |  | like ap                                      | proval by B                                | LM. <u>SUBMIT REI</u> | MED          | IATION     |           |     | •            |
|  |                |                |                             |  |  | <b>PROPOSA</b>                             | LNO LATER THA         | AN:          |            |           |     |              |