

June 6, 2014

Oil Conservation Division District 2 – Artesia 811 S. First St. Artesia, NM 88210

> Re: SRO 17 State Com 30-015-38257 Sec. 9 T26S-R28E Eddy County, NM

NM OIL CONSERVATION ARTESIA DISTRICT JUN 0 6 2014

RECEIVED

Mr. Bratcher,

COG would like to submit the enclosed document for closure of the SRO 17 State Com release that was reported on the C-141 Initial submitted February 3, 2014.

All work has been completed in accordance with the approved work plan submitted on March 27, 2014. Remediation of the site is complete with all impacted material hauled to an approved NMOCD facility for disposal and backfill as described in the work plan.

A signed C-141 Final is enclosed for your consideration. Please feel free to contact me with any further questions or concerns at (432) 934-1052.

Sincerely,

michelle Mullin

Michelle Mullins

Enclosure: C-141 (initial) C-141 (final) Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

| 1220 S. St. Fran | cis Dr., Santa | a Fe, NM 87505 | 5 | S | anta Fe | e, NM 875 | 05 | | | side of form |
|--|--|--|---|---|-------------------------------------|--|--|--|---|---|
| an a | | | Rel | ease Notifi | catior | n and Co | orrective A | ction | | n karan karan sa |
| | | | | | OPE | ERATOR | | Initial Rep | port 🖂 | Final Report |
| Name of Co | mpany | COG OP | ERATIN | GLLC | | Contact Robert McNeill | | | · · · · · · · · · · · · · · · · · · · | |
| Address | | st Illinois Av | venue, M | idland, TX 797 | 01 | Telephone N | No. 4 | 432-230-0077 | | |
| Facility Nar | ne | SRO 1 | 7 State C | Com | | Facility Typ | e | Tank Battery | | |
| Surface Ow | ner State | | | Mineral (| Owner | <u>.</u> | | Lease | No. (API#) 30-0 | 15-38257 |
| | | | | LOC | ATION | N OF REI | LEASE | | | |
| Unit Letter D | Section 09 | Township 26S | Range 28E | Feet from the | North/ | South Line | Feet from the | East/West Line | County Eddy | |
| | | 205 | | Latitude 32.0 | 16168 | Longi | t ude 104.09991 | <u>I</u> | 2uuy | |
| | | | | | | - | | | | |
| Ture of Dala | | | | NA | URE | OF REL | | Values | D | |
| Type of Relea Produced wat | | | | | | Volume of | Release | 14bbls | Recovered | |
| Source of Rel | | | | | | | our of Occurrenc | | Hour of Discover | y . |
| Poly line Y co | | | | | | 01-21-2014 | | 01-21-20 | 014 1:00pm | - |
| Was Immedia | ate Notice (| | Yes 🗵 | No 🖾 Not R | equired | If YES, To | Whom? | | | |
| By Whom? | ····· | | | | | Date and H | | | | |
| Was a Watero | course Read | hed? | Yes 🗵 | | | If YES, Vo | lume Impacting t | he Watercourse. | | |
| | | | | | | | | | A OIL CONSE | |
| If a Watercou | irse was Im | pacted, Descri | be Fully.' | K. | | | | | ARTESIA DIS | |
| | | | | | | | | | JUN 06 | 2014 |
| Describe Cau | se of Proble | em and Remed | dial Action | n Taken.* | | | | | | |
| The connection | on on the Y | failed due to | moving th | e line a week ear | lier. | | | X | RECEIV | ED |
| Describe Area | a Affected a | and Cleanup A | ction Tak | en.* | | | | ······································ | | |
| recovered. Co | oncho will h | ave the spill s | ite sample | | y possibl | | | a vacuum truck. A sse and we will pre | | |
| regulations all public health should their o | l operators a or the envir perations ha ment. In ad | are required to conment. The ave failed to a ddition, NMO | o report an acceptanc dequately CD accep | d/or file certain r e of a C-141 repo investigate and r | elease no ort by the emediate | otifications and NMOCD mage contamination | d perform correct orked as "Final Recon that pose a three | nderstand that purs tive actions for rel- eport" does not rel- eat to ground water esponsibility for c | eases which may o ieve the operator o r, surface water, h | endanger of liability uman health |
| | n 1 | 1 m | | | | | OIL CONS | SERVATION | DIVISION | |
| Signature: 7 | mucht | Mª M | ull | ٠ | | | | | | |
| Printed Name: | | Miche | lle Mullin | s | A | Approved by I | District Superviso | or: | | |
| Title: | | Environmen | tal Coordi | nator | A | Approval Date | : | Expiration | Date: | |
| E-mail Addres | SS: | mmullins | @concho. | com | c | Conditions of | Approval: | | Attached | |
| | 5 -2014 | | Phone: | 432-934-1052 | | ****** | | | | |

* Attach Additional Sheets If Necessary

State of New Mexico Energy Minerals and Natural Resources

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

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

Release Notification and Corrective Action

| _ | | OPERATOR | 🛛 Initial Report | Final Report |
|---------------------|--|---------------|------------------|--------------|
| Name of Company | COG OPERATING LLC | Contact | Robert McNeill | |
| Address 600 W | est Illinois Avenue, Midland, TX 79701 | Telephone No. | 432-230-0077 | |
| Facility Name | SRO 17 State Com | Facility Type | Tank Battery | |
| | | | | |
| Surface Owner State | Mineral Own | er | Lease No. (API#) | 30-015-38257 |

LOCATION OF RELEASE

| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| D | 09 | 26S | 28E | | | | | Eddy |

Latitude 32.06168

Longitude 104.09991

NATURE OF RELEASE

| NATURE | UF RELEASE | |
|---|---|--|
| Type of Release | Volume of Release | Volume Recovered |
| Produced water | 15bbls | 14bbls |
| Source of Release | Date and Hour of Occurrence | Date and Hour of Discovery |
| Poly line Y connection | 01-21-2014 | 01-21-2014 1:00pm |
| Was Immediate Notice Given? | If YES, To Whom? | |
| 🗌 Yes 🛛 No 🖾 Not Required | | |
| By Whom? | Date and Hour | |
| Was a Watercourse Reached? | If YES, Volume Impacting the Wa | itercourse. |
| 🗌 Yes 🖾 No | | |
| If a Watercourse was Impacted, Describe Fully.* | | NM OIL CONSERVATION |
| | | ARTESIA DISTRICT |
| | | |
| Describe Cause of Problem and Remedial Action Taken.* | | JUN 0 6 2014 |
| The connection on the Y failed due to moving the line a week earlier. | | |
| The connection on the T failed due to moving the fine a week carrier. | | RECEIVED |
| Describe Area Affected and Cleanup Action Taken.* | ······································ | |
| | | |
| Initially 15bbls of produced water were released. We were able to recover | 14bbls of produced water with a vac | cuum truck. All free fluids have been |
| recovered. Concho will have the spill site sampled to delineate any possib | le contamination from the release and | d we will present a remediation work plan to |
| the NMOCD for approval prior to any significant remediation work. | | |
| | | |
| I hereby certify that the information given above is true and complete to t | | |
| regulations all operators are required to report and/or file certain release n | | |
| public health or the environment. The acceptance of a C-141 report by the | e NMOCD marked as "Final Report" | does not relieve the operator of liability |
| should their operations have failed to adequately investigate and remediat | e contamination that pose a threat to | ground water, surface water, human health |
| or the environment. In addition, NMOCD acceptance of a C-141 report d federal, state, or local laws and/or regulations. | oes not relieve the operator of respon | isibility for compliance with any other |
| rederar, state, or local laws and/or regulations. | OUL CONGED | |
| | <u>OIL CONSER</u> | VATION DIVISION |
| Signature: | | |
| | Approved by District Supervisor: | |
| Printed Name: Robert Grubbs Jr. | | |
| Title: Senior Environmental Coordinator | | |
| Senior Environmental Coordinator | Approval Date: | Expiration Date: |
| E-mail Address: rgrubbs@concho.com | Conditions of Approval: | |
| · · · · · · · · · · · · · · · · · · · | | Attached |
| Date: 02-03 -2014 Phone: 432-661-6601 | | |

* Attach Additional Sheets If Necessary

Patterson, Heather, EMNRD

From: Sent: To: Subject: Attachments: Michelle Mullins <MMullins@concho.com> Tuesday, June 10, 2014 3:25 PM Patterson, Heather, EMNRD RE: SRO 17 State Com Closure Report H401631 COG.pdf

From: Patterson, Heather, EMNRD [mailto:Heather.Patterson@state.nm.us]
Sent: Tuesday, June 10, 2014 2:18 PM
To: Michelle Mullins
Subject: SRO 17 State Com Closure Report

Michelle,

I am reviewing the closure report for the SRO 17 State Com (2RP-2183) and noticed some missing data. It is stipulated in the approval that the area of AH-3 is to be further delineated at time of excavation, it is also proposed in the work plan that a bottom hole confirmation will be taken in the area of AH-2 at 3'. Could you please send me the analytical data from these two locations so I can close out this report.

Thank you,

Heather Patterson Environmental Specialist NMOCD District II (575)748-1283 ext.101

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May 29, 2014

MICHELLE MULLINS

COG OPERATING

P. O. BOX 1630

ARTESIA, NM 88210

RE: SRO 17

Enclosed are the results of analyses for samples received by the laboratory on 05/28/14 15:30.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-13-5. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab_accred_certif.html.

Cardinal Laboratories is accreditated through the State of Colorado Department of Public Health and Environment for:

| Method EPA 552.2 | Haloacetic Acids (HAA-5) |
|------------------|------------------------------|
| Method EPA 524.2 | Total Trihalomethanes (TTHM) |
| Method EPA 524.4 | Regulated VOCs (V1, V2, V3) |

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celeg D. Keine

Celey D. Keene Lab Director/Quality Manager



Analytical Results For:

| COG OPEF | ₹ATING |
|-----------|-----------|
| MICHELLE | MULLINS |
| P. O. BOX | 1630 |
| ARTESIA I | VM, 88210 |
| Fax To: | NONE |

| Received: | 05/28/2014 | Sampling Date: | 05/28/2014 |
|-------------------|------------|---------------------|----------------|
| Reported: | 05/29/2014 | Sampling Type: | Soil |
| Project Name: | SRO 17 | Sampling Condition: | ** (See Notes) |
| Project Number: | NONE GIVEN | Sample Received By: | Jodi Henson |
| Project Location: | BASIN | | |
| | | | |

Sample ID: T-1 4' (AH1) (H401631-01)

| Chloride, SM4500CI-B | mg/kg | | Analyzed By: AP | | | | | | |
|----------------------|--------|-----------------|-----------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 32.0 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |
| | | | | | | | | | |

Sample ID: T-1 6' (AH1) (H401631-02)

| Chloride, SM4500CI-B | mg/ | mg/kg | | Analyzed By: AP | | | | | |
|----------------------|--------|-----------------|------------|-----------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | <16.0 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Sample ID: T-1 8' (AH1) (H401631-03)

| Chloride, SM4500Cl-B | mg/ | /kg | Analyzed By: AP | | | | | | |
|----------------------|--------|-----------------|-----------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 80.0 | 16.0 | 05/29/2014 | ND . | 400 | 100 | 400 | 0.00 | |

Sample ID: T-1 10' (AH1) (H401631-04)

| Chloride, SM4500Cl-B | mg | /kg | Analyze | d By: AP | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 192 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Cardinal Laboratories

*=Accredited Analyte

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Celeg D. Kune

Celey D. Keene, Lab Director/Quality Manager



Analytical Results For:

| | | COG OPER | RATING | | |
|-------------------|------------|-----------|-----------|---------------------|----------------|
| | | MICHELLE | MULLINS | | |
| | | P. O. BOX | 1630 | | |
| | | ARTESIA I | NM, 88210 | | |
| | | Fax To: | NONE | | · · |
| Received: | 05/28/2014 | | | Sampling Date: | 05/28/2014 |
| Reported: | 05/29/2014 | | | Sampling Type: | Soil |
| Project Name: | SRO 17 | | | Sampling Condition: | ** (See Notes) |
| Project Number: | NONE GIVEN | | | Sample Received By: | Jodi Henson |
| Project Location: | BASIN | | | | |
| | | | | | |

Sample ID: T-2 3' (AH3) (H401631-05)

| Chloride, SM4500CI-B | mg, | /kg | Analyzed By: AP | | | | | | · · · |
|----------------------|--------|-----------------|-----------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | <16.0 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Sample ID: T-2 5' (AH3) (H401631-06)

| Chloride, SM4500CI-B | mg, | /kg | Analyze | d By: AP | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | <16.0 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Sample ID: T-2 7' (AH3) (H401631-07)

| Chloride, SM4500CI-B | mg | /kg | Analyze | d By: AP | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 80.0 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Sample ID: T-2 9' (AH3) (H401631-08)

| Chloride, SM4500CI-B | mg | /kg | Analyze | d By: AP | | | | | |
|----------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 112 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |

Sample ID: T-2 11' (AH3) (H401631-09)

| Chloride, SM4500Cl-B mg/kg | | /kg | Analyze | d By: AP | | | | | , |
|----------------------------|--------|-----------------|------------|--------------|-----|------------|---------------|------|-----------|
| Analyte | Result | Reporting Limit | Analyzed | Method Blank | BS | % Recovery | True Value QC | RPD | Qualifier |
| Chloride | 208 | 16.0 | 05/29/2014 | ND | 400 | 100 | 400 | 0.00 | |
| | | | | | | | | | |

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keine

Celey D. Keene, Lab Director/Quality Manager



Notes and Definitions

| | Samples reported on an as received basis (wet) unless otherwise noted on report |
|-----|---|
| - | Chloride by SM4500CI-B does not require samples be received at or below 6°C |
| *** | Insufficient time to reach temperature. |
| ** | Samples not received at proper temperature of 6°C or below. |
| RPD | Relative Percent Difference |
| ND | Analyte NOT DETECTED at or above the reporting limit |

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*=Accredited Analyte

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Celey Di Keine

Celey D. Keene, Lab Director/Quality Manager



CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

| 101 East Marland, Hobbs, NM 88240 (575) 393-2326 FAX (575) 393-2476 | | ANALYSIS REQUEST |
|---|--|--|
| Company Name: (06 Operation LLC | BILL TO | |
| Project Manager: Michelle Mistins | P.O. #: | |
| Address: 28 07 w MGM | Company: (OG | |
| Address: DO O C MG W) City: Artes in Astron State: New Zip: 88210 | Ann: Rogers Mc Neil | |
| Phone #: 432 934 105 2 Fax #: | Address: 600 & Tilmin) | |
| Project #: Project Owner: | city: M. Aland | |
| Project Name: SRU 17 | State: TX Zip: | |
| Project Location: BDin | Phone #: | |
| Sampler Name: Michelk Mulling MATRIX | Fax #: PRESERV SAMPLING | |
| FOR LAB USE ONLY | | |
| (C)OMP ERS ATER | | 3 |
| | | |
| Lab I.D. Sample I.D. | ER CO BR | 4 |
| Lab I.D. Sample I.D. 0821 | OTHER: | |
| H401631 T-1 4' (AHJ) 6 1 | 52274 | |
| and the second sec | | ANT THE AMAGEMENT INTERVIEW ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS A |
| $\frac{27.1}{37.1}6'(AHI)$ $\frac{37.1}{8'}(AHI)$ | | went and and a second |
| 477 15 (MI) UU U | Y | |
| 5 T-2 3' (M3) 61 - | 528-14 | No. 6 (10) 2000 AMARKANAN |
| LOTAS' (AHZ) | | and the second state se |
| 1 T-2 7' (AH3) | | anna Away Wala Ajila Anthe Anthe and Anthe |
| 8 T-2 9' (ATT 3' | | |
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