## 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

Form C-141 Revised August 8, 2011

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

		Release Notification and Corrective Action												
	·						OPERA'	ГOR		☐ Initi	al Report	$\boxtimes$	Final Repo	
701	Name of Company Linn Operating, Inc.						Contact: Br							
	Address 600						Telephone No. 575-738-1739							
	Facility Name Skelly #273						Facility Type: Oil Producer							
æ	Surface Ow	Surface Owner Federal Mineral Owner						er API No. 30-015-29239						
		LOCATION OF RELEASE												
_	Unit Letter	Section	Township	Range	Feet from the		South Line	Feet from the	East/V	West Line	County E	ddy		
	G	28	17S	31E	1387	North		2529	East					
	<del></del>			<u> </u>	1	L	<del></del>	<u> </u>	<u> </u>		<u> </u>		<del></del>	
_				Latit	ude 32.8090136	5137923	3 Longitud	le -103.8743544	166203					
					NAT	URE	OF RELI	EASE						
	Type of Relea					Volume of Release 1bbl/3bbls   Volume Recovered 0								
	Source of Re	of Release Stuffing Box  Date and Hour of												
	Was Immedia	9/30/2013 7:00 AM 09/30/2013 7:00 on the Notice Given? If YES, To Whom?							13 7.00 AIVI					
21	☐ Yes ☐ No ☐ Not Require													
3		y Whom? Brian Wall						Date and Hour 10/03/2013 6:45 AM						
	Was a Watercourse Reached?  ☐ Yes ☒ No						If YES, Volume Impacting the Watercourse.							
-	IC - W-t	Watercourse was Impacted, Describe Fully.*												
200	NA	rse was Impacted, Describe Fully.*												
		use of Problem and Remedial Action Taken.* well #273 at around 7:00 AM and found well leaking from the stuffing box. Back pressure valve was plugged with a piece of packing rubber.												
i	Drove up to w	ell #273 at well to pro	roblem and Remedial Action Taken.* 73 at around 7:00 AM and found well leaking from the stuffing box. Back pressure valve was plugged with a piece of packing rubber to pressure up and blow packing.											
II	inat endoca the trent to pressure up and often packing.													
" -	Describe Area	Affected a	fected and Cleanup Action Taken.*											
3	Spill affected	fected well pad area. Vacuum truck picked up standing fluids. The spill was delineated by Diversified Field Services, Inc. Impacted soils were												
	was approved	to a NMOCD approved disposal facility. Confirmation samples were then submitted to a commercial lab for analyses. Backfill of the excavation oved by the BLM. The excavation was backfilled and bladed.												
	PP													
1	I hereby certify	y 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	ons all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger lealth or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health												
	should their op													
	or the environ	nent. In ad-	n addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other											
-	rederal, state, o	or local taws	s and/or regul	d/or regulations.  OIL CONSERVATION DIVISION								·		
							OLD COLIDER THEORY DIVISION							
Signature/ 1004							A							
Printed Name: Brian Wall							Approved by Environmental Specialist:							
Title: Construction Foreman II							Approval Date: 10/6/14 Expiration Date: NA							
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-	E-mail Address	s. owan@hi	menergy.com	<u> </u>			onditions of A	Approval:	()	/	Attached			
Date: 12/19/13 Phone: 806-367-0645 / // Attach Additional Sheets If Necessary											180-2539			
F	ιπach Additio	onal Sheets	s II Necessar	y				-			411	70	~ i	