NM OIL CONSERVATION
State of New Mexico

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240

Form C-141 Revised August 8, 2011

District II

NOV 1 8 2014 Energy Minerals and Natural Resources

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

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 87503 RECEIVED

Santa Fe, NM 87505

| Release Notification and Corrective Action  |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
|---|--------------------|----------------|-------------|--|-------------------------|---|--|------------------------------------|------------|---------------|---------|--------------|--|
| NAB1432357675   |                    |                |             |  |                         |   | ГOR  |                                    | Initial    | al Report     |         | Final Report |  |
| Name of Company: BOPCO, L.P.  |                    |                |             |  |                         |   | Contact: Tony Savoie   |                                    |            |               |         |              |  |
|   |                    |                |             |  |                         |   | Telephone No. 575-887-7329   |                                    |            |               |         |              |  |
| Facility Nat  | me: PLU-C          | CVX-JV-Big     | Sinks #0    | 28H  | Facility Typ            | cility Type: Exploration and Production |  |                                    |            |               |         |              |  |
| Surface Owner: Federal Mineral Owner: I   |                    |                |             |  |                         |   | Federal API No. 30-015-42393   |                                    |            |               |         |              |  |
| L   |                    |                |             |  |                         |   | EACE   |                                    |            |               |         |              |  |
|   | 10 .:              | T              |             |  |                         | N OF REI                                |  | I 50                               |            |               |         |              |  |
| Unit Letter<br>A  |                    |                |             | South Line orth                            | Line Feet from the 1060 |   | West Line<br>st  | County Eddy                        |            |               |         |              |  |
| Λ   | A 23 243 30L 370 F |                |             |  | INC                     | lorur 1000                              |  |                                    | ist        | Ludy          | ldy     |              |  |
| Latitude N 32. 208892 Longitude W 103.845917  |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| NATURE OF RELEASE   |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| Type of Release: Crude oil and Produced water   |                    |                |             |  |                         |   | Volume of Release: Estimated 8 bbls crude oil, 38 bbls produced crude oil, 23 bbls produced water. |                                    |            |               |         |              |  |
|   |                    |                |             |  |                         |   | soap.  | orado (ii, 25 0015 produced water. |            |               |         |              |  |
| Source of Release: Production Wellhead  |                    |                |             |  |                         |   | Date and Hour of Discovery: 11/14  |                                    |            |               |         |              |  |
| ·   |                    |                |             |  |                         |   | Occurrence: 11/14/14 at approximately 11:30 p.m.   |                                    |            |               |         |              |  |
| Was Immediate Notice Given?   |                    |                |             |  |                         |   | approximately 11:30 p.m.  If YES, To Whom? Emergency services at approximately 11:30 p.m. 11/14/14 |                                    |            |               |         |              |  |
| Yes ☐ No ☐ Not Required   |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| By Whom? Rig Supervisor and Tony Savoie   |                    |                |             |  |                         |   | Date and Hour: 11/15/14 BLM at 7:30 a.m. NMOCD at 7:35 a.m.  |                                    |            |               |         |              |  |
| Was a Watercourse Reached?  |                    |                |             |  |                         |   | If YES, Volume Impacting the Watercourse.  |                                    |            |               |         |              |  |
| ☐ Yes ⊠ No  |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| If a Watercourse was Impacted, Describe Fully.*   |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
|   |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| Describe Cau  | ise of Probl       | em and Reme    | dial Action | Taken.*                                    | <del>.</del>            |   |  |                                    |            |               |         |              |  |
| Describe Cause of Problem and Remedial Action Taken.*  Integrity rig #106 was performing normal maintenance on the well when a sudden and unexpected pressure release damaged a portion of the well and blow  |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| out preventer. After the area was declared safe, an integrity mechanic and rig operator repaired the blow out preventer, the well was shut in and the location was vacated except for emergency personnel. The exact cause of the pressure release is still under investigation.                              |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| was vacated   | except for e       | inergency per  | sonnei. In  | e exact cause of th                        | e press                 | sure release is                         | still under livest   | igation.                           |            |               |         |              |  |
|   |                    | and Cleanup A  |             |  |                         |   |  | -                                  |            |               |         |              |  |
| The release i   | mpacted ap         | proximately 1. | 3,500 sq.ft | of caliche well pa                         | ad, the                 | fluid puddled                           | up in an area me   | asuring                            | approxima  | tely 4,500 so | q.ft. t | he remainder |  |
|   |                    |                |             | rom 1/2 inch to les<br>be further evaluate |                         | 1/8 mcn. The                            | free standing frui   | u was r                            | ecovered w | iin a vacuun  | 1 truc  | k. The       |  |
|   |                    |                |             | the NMOCD and                              |                         | remediation g                           | guidelines.  |                                    |            |               |         |              |  |
| 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 CON  | SERV                               | ATION      | DIVISIO       | )N      | ·            |  |
| 2 7   |                    |                |             |  |                         |   |  |                                    | 81         |               |         |              |  |
| Signature: auu  |                    |                |             |  |                         | Approved by Environmental Specialist:   |  |                                    |            |               |         |              |  |
| Printed Name: Tony Savoie   |                    |                |             |  |                         |   | Approved by Environmental specialist:  |                                    |            |               |         |              |  |
| Title: Waste Management and Remediation Specialist  A   |                    |                |             |  |                         |   | e: 11/19/1   | 4                                  | Expiration | Date: N       | 1A      |              |  |
|   |                    |                |             |  |                         |   | Conditions of Approval:  Remedation per O.C.D. Rules & Guidalines                                  |                                    |            |               |         |              |  |
|   |                    |                |             |  |                         |   |  |                                    |            |               |         |              |  |
| Attach Addi   | tional She         | ets If Necess  | ary         |  | ř                       |   | IAN: <u>/<i>a//9</i></u>   | 114                                |            |               | ′ZRI    | D-alula      |  |
|   |                    |                |             |  |                         | علو                                     | 000  |                                    | 2=11       |               |         | . ,          |  |
|   |                    |                |             |  |                         |   | PHO  | 456                                | 3571       | 60            |         |              |  |