

HOBBS OCD

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
Oil Conservation Division
RECEIVED 20 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised August 8, 2011

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

Release Notification and Corrective Action

OPERATOR

Initial Report Final Report

Name of Company: ConocoPhillips	Contact: Sean Robinson
Address: 29 Vacuum Complex Lane	Telephone No. 575-390-8873
Facility Name: Philmex #9 SWD	Facility Type: SWD
Surface Owner: State	Mineral Owner: N/A
API No. 3002520516	

LOCATION OF RELEASE

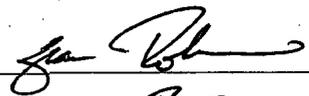
Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
B	26	17S	33E	660	North	1980	East	LEA

Latitude 32.811160152804 Longitude 103.631763148299

NATURE OF RELEASE

Type of Release: Spill	Volume of Release: 13.68 BBLS	Volume Recovered: 10 BBLS
Source of Release: 500 BBL tank	Date and Hour of Occurrence 10/11/2013 5:25 am	Date and Hour of Discovery SAME
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Geoffrey Leking	
By Whom? David May	Date and Hour: 10/11/2013 2:00 pm	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	
If a Watercourse was Impacted, Describe Fully.* N/A		
Describe Cause of Problem and Remedial Action Taken.* On Friday October 11, 2013 @ 0525 hrs a release occurred at Philmex #9 SWD Located ~ 10 miles north east of the Maljamar Production Office. Contract Vacuum truck driver notified COPC Employee that the SWD tank at the Philmex #9 SWD had ran over. Employee immediately notified Supervisor and HSE Lead. Spill amount was ~ 13.68 BBLS of Produced Water with 10 BBLS of produced water recovered. Spill area was contained inside the diked area.		
Describe Area Affected and Cleanup Action Taken.* The release affected a total of 1,965 square feet of diked containment area. RECS personnel were on site beginning on January 8 th , 2014 to assess the release. Three points within the release were hand augered to 1.5 ft. Based on the initial sampling, the area was scraped to 1 ft bgs and 15 cubic yards of contaminated soil was taken to a NMOCD approved facility for disposal. A final five point composite sample was taken at the base of the scrape and sent to a commercial laboratory for analysis. Base coarse caliche was imported to the site to serve as backfill. A composite sample from the imported base coarse caliche was taken to a commercial laboratory for analysis. The imported base coarse caliche returned a laboratory chloride reading of 48 mg/kg. On August 7th, 2014, RECS requested permission to backfill the site from NMOCD. NMOCD approved the site to be backfilled on August 8 th , 2014. The remainder of the contamination will be remediated as site abandonment.		
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 CONSERVATION DIVISION

Signature: 	Approved by Environmental Specialist:	
Printed Name: SEAN ROBINSON	Approval Date: 11-20-14	Expiration Date: _____
Title: OPS SUPERVISOR	Conditions of Approval:	
E-mail Address: sean.t.robinson@cop.com	Attached <input type="checkbox"/>	
Date: 11/18/14 Phone: 575 390 8873	1AP 2995	

* Attach Additional Sheets If Necessary

NOV 25 2014