

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, 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  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-141  
Revised October 10, 2003

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 <b>ConocoPhillips Company</b>	Contact <b>Kenneth N. Andersen</b>
Address <b>4001 Penbrook, Odessa, TX 79762-5917</b>	Telephone No. <b>505.391.3158</b>
Facility Name <b>Leamex Btry # 8</b>	Facility Type <b>Oil and Gas</b>

Surface Owner <b>State of New Mexico</b>	Mineral Owner <b>State of New Mexico</b>	Lease No <b>B-2118</b>
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**LOCATION OF RELEASE**

Unit Letter <b>M</b>	Section <b>24</b>	Township <b>17S</b>	Range <b>33E</b>	Feet from the	North/South Line	Feet from the	East/West Line	County <b>Lea Co.</b>
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Latitude **32.81572N** Longitude **103.62224W**

**NATURE OF RELEASE**

Type of Release <b>Produced Water</b>	Volume of Release <b>16.7 bbl (0 oil, 16.7 water)</b>	Volume Recovered <b>(0 oil, 0 water)</b>
Source of Release <b>Leamex Btry # 8 6" trunk line.</b>	Date and Hour of Occurrence <b>02/18/2006 0700hrs</b>	Date and Hour of Discovery <b>02/18/2006 0730hrs</b>
Was Immediate Notice Given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Required	If YES, To Whom?	
By Whom?	Date and Hour	
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.\*

Describe Cause of Problem and Remedial Action Taken.\*

**The discharge was caused by the failure of a 6" 1500 series Flextelic gasket between two flanges. The site will be remediated according to the "NMOCD Guidelines for leaks, spills, and releases of August 13, 1993".**

Describe Area Affected and Cleanup Action Taken.\*

**The area affected was 30'X300' of dry caliche rock/black dirt pasture with no cows present. There was no cleanup action taken as there was no fluid to pick up.**

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.

Signature: <i>Kenneth N. Andersen</i>	<b>OIL CONSERVATION DIVISION</b>	
Printed Name: <b>Kenneth N. Andersen</b>	Approved by District Supervisor:	
Title: <b>HSE Lead</b>	Approval Date:	Expiration Date:
E-mail Address: <b>ken.n.andersen@conocophillips.com</b>	Conditions of Approval:	
Date: <b>03/07/2006</b> Phone: <b>505.391.3158</b>	Attached <input type="checkbox"/>	

• Attach Additional Sheets If Necessary

*Conoco Phillips 217817*  
Facility - **PAC0607344696**  
Incident - **PAC0607344786**  
Application - **PAC0607345011**



# Permian Basin Asset

Record of Accidental Discharge of Crude Oil, Water or Hazardous Substances

Lease: <b>Leamex Trunk Line #</b>		Lease # <b>B - 2118</b> (API, RRC, State, or Federal)		Field: <b>Maljamar</b>	
Discovered By: <b>James Ledford</b>		Date and Time Discovered: <b>2/18/06 @ 0730hrs</b>			
Date and Time Discharge Began: <b>2/18/06 @ 0700hrs</b>		Date and Time Discharge Ended: <b>2/18/06 @ 0735hrs</b>			
Discharge Site: Unit Letter <b>M</b> Sec. <b>24</b> Blk/TWP <b>17S</b> Survey/Range <b>33E</b> County/State <b>Lea, NM</b>					
Latitude <b>32.81572N</b> Longitude <b>103.62224W</b>					
Highway Map Location: <b>From Maljamar turn south on 126 go 0.6 mile, turn left on 125 go 8.5 miles, turn left on Derby Rd. go 1.2 miles where the road Y take the right turn go 1 mile turn right go .8 mile, well is on the right leak is 200 ft north east of the well.</b>					
Location Of Discharge: <b>200 ft north east of well</b>		<input type="checkbox"/> Flowline ----- Feet to Nearest Wellhead Number			
		<input checked="" type="checkbox"/> Injection Line <b>200 south west</b> Feet to Nearest Wellhead Number <b>#59</b>			
Specific Source of Discharge: <b>6" 1500 series Flextelic gasket.</b>					
Describe Cause of Discharge : <b>Gasket failure</b>					
Actions taken to Prevent Reoccurrence: <b>Replaced 6" 1500 series Flextelic gasket.</b>					
Describe Nature and Extent of Area Affected: <b>30'X300' of dry caliche rock/black dirt pasture with no cows present</b>					
Weather Conditions: <b>Cloudy Breezy Cold</b>					
Clean-Up Action Taken: <b>None</b>					
Remediation Action Taken: <b>Will sample spill site and submit a remediations plan based on laboratory results to the NMOCD.</b>					
<b>Specific Source of Discharge</b>					
<input type="checkbox"/> Flowline <input type="checkbox"/> Pump <input type="checkbox"/> Corrosion <input type="checkbox"/> Human Error					
<input type="checkbox"/> Tank Piping <input type="checkbox"/> Vessel <input type="checkbox"/> External <input type="checkbox"/> Pressure					
<input type="checkbox"/> Vessel Piping <input type="checkbox"/> Chemical Storage Container <input type="checkbox"/> Internal <input type="checkbox"/> Instrumentation					
<input type="checkbox"/> Line Check Valve <input type="checkbox"/> Chemical Injection Equipment <input checked="" type="checkbox"/> Fatigue <input type="checkbox"/> Mechanical					
<input type="checkbox"/> Wellhead Connections <input type="checkbox"/> Casing/Tubing Communication <input type="checkbox"/> Age <input type="checkbox"/> Weather					
<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Other: <b>6" 1500 series Flextelic gasket.</b>					
Cost of Cleanup/Repair: <b>\$25,000.00</b>					
Pipe Size = <b>6"</b> inches					
<input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Buried <input checked="" type="checkbox"/> Coated <input type="checkbox"/> Plastic Lined					
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Surface <input type="checkbox"/> Internal <input type="checkbox"/> Fiberglass					
<input type="checkbox"/> Plastic <input type="checkbox"/> Bare <input type="checkbox"/> External <input type="checkbox"/> Was Line Chemically Treated					
<input type="checkbox"/> Transite <input type="checkbox"/> Cement Lined <input type="checkbox"/> Other					
<b>Names and Volumes of Substances Spilled</b>		<b>Remedial Action Picked Up</b>			
<b>0 BBL Oil 16.7 BBL Produced Water</b>		<b>0 BBL Oil 0 BBL Produced Water</b>		Contained in Dike?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gallons Chemical Spilled		Gallons Chemical		MFG/Chemical Name:	
Gas Volume Released (MCF)		<input type="checkbox"/> Gas Leak	<input type="checkbox"/> Blowdown	<input type="checkbox"/> Upset	
Other -- Explain:					
<b>Federal, State, and Local Agencies Notified:</b>				Job Number	
Agency	Person Notified	Date and Time Notified	Method Used		Person Notifying
		@	<input type="checkbox"/> Phone <input type="checkbox"/> Fax		
		@	<input type="checkbox"/> Phone <input type="checkbox"/> Fax		
		@	<input type="checkbox"/> Phone <input type="checkbox"/> Fax		
Landowner/Tennant:				Telephone No.	
I Hereby Certify That The Above Information Is True To The Best Of My Knowledge.					
Name and Title: <b>James Ledford MSO</b>					
Date: <b>2/21/06</b>					