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

Form C-141
Revised October 10, 2003

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 DEC 0 9 2008 District Office in accordance with Rule 116 on back side of form

| T 1     | T . 1 . 1 . 1 . 1 . 1 | 10             | 4 4 *  |
|---------|-----------------------|----------------|--------|
| Release | Notification          | and Corrective | Action |

|                                                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  | OPERA                     | <b>FOR</b>                |                    | 🛛 Initia       | al Report    | ᆜᆜ            | Final Report |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|-------------------------|----------------------------------|---------------------------|---------------------------|--------------------|----------------|--------------|---------------|--------------|------------|
| Name of Company – Tandem Energy                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  |                           | Contact - Brandi Barthels |                    |                |              |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  | Telephone No 361-576-0180 |                           |                    |                |              |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  | Facility Type - Battery   |                           |                    |                |              |               |              |            |
| Surface Owner - BLM Mineral Owner -                                                                                                                                                                                                                                                                         |                                |                   |                         |                                  | _ RI M                    |                           |                    | Lease N        | Jo           |               |              |            |
| <u> </u>                                                                                                                                                                                                                                                                                                    |                                | <u> </u>          |                         |                                  |                           |                           |                    |                | 1200301      | 10.           |              |            |
|                                                                                                                                                                                                                                                                                                             | 3001502960 LOCATION OF RELEASE |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| Unit Letter                                                                                                                                                                                                                                                                                                 | Section                        | Township          | Range                   | Feet from the                    | North                     | /South Line               | Feet from the      | East/W         | est Line     | County        |              |            |
| F                                                                                                                                                                                                                                                                                                           | 12                             | 178               | 29E                     |                                  |                           |                           |                    |                |              | Eddy          |              |            |
| Latitude_32 51.048'N Longitude_104 01.807' W_                                                                                                                                                                                                                                                               |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         | NAT                              | <b>URE</b>                | OF RELI                   | EASE               |                |              |               |              |            |
| Type of Rele                                                                                                                                                                                                                                                                                                | ase – Produ                    | ced Water         |                         |                                  |                           | Volume of                 | Release - 5 bbls   |                |              | lecovered - l |              |            |
| Source of Re                                                                                                                                                                                                                                                                                                | lease – Leal                   | k at Header       |                         |                                  |                           |                           | lour of Occurrence | e              | Date and     | Hour of Disc  | overy -      | - 9/1/08   |
| Was Immedia                                                                                                                                                                                                                                                                                                 | ata Matica (                   | Nuan?             |                         |                                  |                           | 9/1/08<br>If YES, To      | Whom?              |                |              |               |              |            |
| was minicula                                                                                                                                                                                                                                                                                                | ate Notice C                   |                   | Yes [                   | No 🛛 Not Re                      | quired                    |                           | Whollis            |                |              |               |              |            |
| By Whom?                                                                                                                                                                                                                                                                                                    |                                |                   |                         |                                  |                           | Date and H                | lour               |                |              |               |              |            |
| Was a Water                                                                                                                                                                                                                                                                                                 | course Reac                    | hed?              | ·                       |                                  |                           |                           | lume Impacting th  | he Water       | rcourse.     |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   | Yes 🛚                   | No                               |                           |                           |                    |                |              |               |              |            |
| If a Watercou                                                                                                                                                                                                                                                                                               | ırse waş Im                    | pacted, Descri    | be Fully.*              | :                                |                           |                           |                    |                |              |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| Describe Cau                                                                                                                                                                                                                                                                                                | se of Proble                   | em and Remed      | dial Action             | Taken * Produc                   | ed wate                   | er leaked from            | header. Area aff   | ected is       | 5' v 15' )   | Ising the NA  | MOCD.        | Guidelines |
| for Remediat                                                                                                                                                                                                                                                                                                | ion of Leak                    | s and Spills, the | he ranking              | criteria for the si              | te is as                  | follows. Well             | lhead protection - | 0 points       | Surface      | body of Wate  | er – 0 i     | points.    |
| Groundwater                                                                                                                                                                                                                                                                                                 | - 0 points.                    | The nearest g     |                         |                                  |                           |                           | he ChevronTexace   |                |              |               |              |            |
| criteria for the                                                                                                                                                                                                                                                                                            | e site is 0 p                  | oints.            |                         |                                  |                           |                           |                    |                |              |               |              |            |
| Describe Are                                                                                                                                                                                                                                                                                                | a Affected a                   | and Cleanup A     | Action Tak              | en.* Using a rank                | ing crit                  | teria of 0 point          | ts; Tandem propos  | ses to use     | e the follo  | wing Recomm   | nendec       | l Action   |
| Levels for the                                                                                                                                                                                                                                                                                              | e delineation                  |                   |                         |                                  |                           |                           | 00ppm (using a fic |                |              |               |              |            |
| Chloride - 1,                                                                                                                                                                                                                                                                                               |                                | 4.1.1.12          |                         | 1                                | . 11 . 2                  |                           |                    | 1 1            |              | 10.0D f       |              |            |
| After vertical and horizontal delineation has been completed a remediation plan will be formulated and submitted to the NMOCD for approval.                                                                                                                                                                 |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| I hereby certi                                                                                                                                                                                                                                                                                              | fy that the i                  | nformation gi     | ven above               | is true and comp                 | lete to t                 | he best of my             | knowledge and ur   | nderstand      | d that purs  | uant to NMC   | CD ru        | les and    |
| regulations al                                                                                                                                                                                                                                                                                              | loperators                     | are required to   | report an               | d/or file certain re             | elease r                  | notifications ar          | nd perform correct | tive actio     | ons for rele | eases which r | nay en       | danger     |
| 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.                                                                                                                                                                                                                                                           |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| 0 0 11/                                                                                                                                                                                                                                                                                                     |                                |                   |                         | OIL CONSERVATION DIVISION        |                           |                           |                    |                |              |               |              |            |
| Signature: Sall Souths                                                                                                                                                                                                                                                                                      |                                |                   |                         |                                  |                           |                           | Pa pa p            | B D Brez Brezo |              | ł             |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         | Approved by District Supervisor: |                           |                           |                    |                | ŀ            |               |              |            |
| Printed Name: Brandi Barthels Approved by District Supervisor.                                                                                                                                                                                                                                              |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| Title: Regulatory & Environmental Affairs Manager Appro                                                                                                                                                                                                                                                     |                                |                   |                         |                                  | Approval Date             | e:                        | E                  | xpiration l    | Date:        |               |              |            |
|                                                                                                                                                                                                                                                                                                             |                                |                   |                         |                                  |                           |                           |                    |                |              |               |              |            |
| E-mail Address: bbarthcls@platenergy.com                                                                                                                                                                                                                                                                    |                                |                   | Conditions of Approval: |                                  |                           |                           |                    |                |              |               |              |            |
| Date: /2                                                                                                                                                                                                                                                                                                    | -808                           | 4                 | Phone:                  | 361-576-0180                     |                           |                           |                    |                |              |               |              |            |
| Attach Addit                                                                                                                                                                                                                                                                                                | ional Shee                     | ts If Necessa     |                         |                                  |                           |                           |                    |                |              | 200           | A 77         |            |

2RR237

No Records found, try again

## New Mexico Office of the State Engineer POD Reports and Downloads

|                     | 1 Ob Report        |              |                     |                                         |
|---------------------|--------------------|--------------|---------------------|-----------------------------------------|
| Township: 178       | Range: 29E S       | ections:     |                     |                                         |
| NAD27 X:            | Y:                 | Zone:        | Search Radius:      | *************************************** |
| County:             | Basin:             |              | ▼ Number:           | Suffix:                                 |
| Owner Name: (First) | (Last)             | • All        | ← Non-Domestic      | ○ Domestic                              |
| POD/S               | orface Data Report | Avg Der      | oth to Water Report |                                         |
|                     | Water Co           | olumn Report |                     |                                         |
|                     | Clear Form i       | WATERS Menu  | Help                |                                         |
|                     | OF WATER REPORT    | (Dep         | oth Water in Feet)  |                                         |
| Bsn Tws Rng Sec Zon | ne X Y             | Wells Mı     | .n Max Avg          |                                         |

http://iwaters.ose.state.nm.us: 7001/iWATERS/WellAndSurfaceDispatcher

Record Count: 1

## New Mexico Office of the State Engineer POD Reports and Downloads

| Township: 16S       | Range: 29E        | Sections:                               |                      |                   |
|---------------------|-------------------|-----------------------------------------|----------------------|-------------------|
| NAD27 X:            | Y: [              | Zone:                                   | Search Ra            | dius:             |
| County:             | Basin:            |                                         | ▼ Number:            | Suffix:           |
| Owner Name: (First) | · (I.             | ast) • All                              | ← Non-Do             | mestic C Domestic |
| POD/S               | Surface Data Repo | t Avg                                   | Depth to Water Rep   | port              |
|                     | Wa                | ter Column Report                       |                      |                   |
|                     | Clear Form        | iWATERS Me                              | nu Help              |                   |
| <u> </u>            |                   | ··· . · · · · · · · · · · · · · · · · · |                      |                   |
| AVERAGE DEPTH       | OF WATER REP      |                                         | }<br>(Depth Water in | Foot              |
| Bsn Tws Rng Sec Zor | ne X              | Y Wells                                 | Min Max              | Avg               |
| RA 16S 29E 19       |                   | 1                                       | 110 110              | 110               |

## New Mexico Office of the State Engineer POD Reports and Downloads

| Townshi                             | p: 17S Rang                                                                  | e: 30E Se    | ections:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAD27 X                             | :  Y:                                                                        |              | Zone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •            | Search Radius:            | and the second s |
| County:                             | Bas                                                                          | in:          | and the second s |              | Number:                   | Suffix:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Owner Name: (Firs                   | st)                                                                          | (Last)       | • All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (            | Non-Domestic              | ○ Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| F                                   | POD / Surface D                                                              | ata Report   | Avg I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Depth to     | Water Report              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Patrillaga garaga callellarar gaga- | فسندية ومين ويبطأت مترسطه ويدد مغيرية الشند التاويدية بارتياز استاد الطميدية | Water Co     | lumn Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                           | ud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                     | Clear                                                                        | Form iW      | VATERS Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>u ] 1</u> | Help                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                     | DEPTH OF WA                                                                  | TER REPORT 1 | (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | epth Min     | Water in Feet)<br>Max Avq |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No Records found,                   |                                                                              |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |