<u>District I</u>
1625 N. French Dr., Hobbs, NM 88240
<u>District II</u>
1301 W. Grand Avenue, Artesia, NM 88210
<u>District III</u>
1000 Rio Brazos Road, Aztec, NM 87410

## RECEIVE State of New Mexico State of New Mexico Resources

Form C-141 Revised October 10, 2003 omit 2 Copies to appropriate

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

JUL 15 2009 Conservation Division
1220 South St. Francis Dr.
1220 South St. Francis Dr.
1220 Santa Fe, NM 87505

## **Release Notification and Corrective Action**

|  |  |                 |             |   |              | <b>OPERA</b>   | ΓOR  |           | Initial                 | al Report     |            | Final Report        |  |
|--|--|-----------------|-------------|---|--------------|--|--|-----------|-------------------------|---------------|------------|---------------------|--|
| Name of Company: Arena Resources, Inc.   |  |                 |             |   |              | Contact: Fre   |  |           |                         |               |            |                     |  |
| Address: 2130 W. Bender Blvd., Hobbs, NM 88240   |  |                 |             |   |              | Telephone No.: 432-563-2200                            |  |           |                         |               |            |                     |  |
| Facility Name: Phillips Lea #4   |  |                 |             |   |              | Facility Type: Produced Water Injection Facility       |  |           |                         |               |            |                     |  |
| Surface Owner: Mineral Owner   |  |                 |             |   |              | State of NM  |  |           | Lease No.: 30-025-02156 |               |            |                     |  |
|  |  |                 |             | LOCA                                      | TIOI         | N OF REI   | LEASE  |           |                         |               |            |                     |  |
| Unit Letter   Section   Township   Range   Feet from the   North/South Line   Feet from the  |  |                 |             |   |              |  |  |           |                         | County        |            |                     |  |
| M  | 31   | 17S             | 34E         | 330                                       | ;            | South  | 330  | West      |                         | Lea           |            |                     |  |
|  |  | <u> </u>        |             | atituda: N 32 /                           | <br> 7' 5 2' | ' Longitude  | • W103 36' 23 0  | JU<br>T   |                         |               |            |                     |  |
|  | Latitude: N 32 47' 5.2" Longitude: W103 36' 23.90  NATURE OF RELEASE |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| Type of Relea  | se: Produc   | ed Water        |             | NAI                                       | UKE          | Volume of Release: 200 bbls Volume Recovered: 150 bbls |  |           |                         |               |            |                     |  |
| Type of Release: Produced Water Source of Release: Wellhead  |  |                 |             |   |              |  | Date and Hour of Occurrence: Date and Hour of Discovery: |           |                         |               |            |                     |  |
| Source of resease. We missed   |  |                 |             |   |              |  | 07/15/09- 0900 07/15/09 - 1000                           |           |                         |               |            |                     |  |
| Was Immediate Notice Given?  |  |                 |             |   |              | If YES, To Whom?                                       |  |           |                         |               |            |                     |  |
| ☐ Yes ☐ No ☐ Not Required  |  |                 |             |   |              | Geoffrey Leaking                                       |  |           |                         |               |            |                     |  |
| By Whom? Fred Holmes   |  |                 |             |   |              | Date and Hour: 07/15/09 - 1200                         |  |           |                         |               |            |                     |  |
| Was a Watercourse Reached?   |  |                 |             |   |              | If YES, Volume Impacting the Watercourse.              |  |           |                         |               |            |                     |  |
| ☐ Yes ⊠ No   |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| If a Watercourse was Impacted, Describe Fully.*:   |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| _1   |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| WATER @ 135  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| Describe Cause of Problem and Remedial Action Taken.*: Cause was the failure of a fitting at the wellhead. Pump was shut-off, crew summoned to |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| replace fitting and shut in well.  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             | en.* : The spill mi                       |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             | Total impacted are                        |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             | are being excavate<br>nce Landfills as pe |              |  |  |           |                         | -20-2009.     | mpacte     | ed soils are        |  |
| to be disposed   | 1 01 011-316   | at chiler CRI   | or Sunda    | ice Landinis as pe                        | i discus     | ssion with G.  | Leaking of OCD   | on this t | iate.                   |               |            | Į                   |  |
|  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
|  |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| I hereby certif  | fu that the i  | nformation ai   | ven above   | is true and comple                        | ata to th    | he heat of my  | knowledge and w  | ndorston  | d that muma             | want to NIM   | OCD        | -1                  |  |
| regulations al   | l operators  | are required to | report ar   | id/or file certain re                     | lease n      | otifications a   | id perform correc  | tive acti | ons for rela            | eases which   | may er     | iles and<br>idanger |  |
| public health  | or the envi  | onment. The     | acceptano   | e of a C-141 repor                        | rt by the    | e NMOCD m  | arked as "Final Re                                       | eport" d  | oes not rela            | eve the oper  | rator of   | liability           |  |
| should their o   | perations h  | ave failed to a | dequately   | investigate and re                        | mediate      | e contaminati  | on that pose a thre                                      | eat to gr | ound water              | r, surface wa | ter, hur   | nan health          |  |
| federal, state,  |  |                 |             | tance of a C-141 re                       | eport d      | oes not reliev   | e the operator of r                                      | responsi  | bility for c            | ompliance w   | ith any    | other               |  |
| rederar, state,  | Or local lav   | vs and/or regu  | iations.    |   |              |  | OIL CONS   | SEDV      | ATION                   | DIVISIO       | NI.        |                     |  |
|  |  |                 |             |   |              | OIL CONSERVATION DIVISION                              |  |           |                         |               |            |                     |  |
| Signature: ( Clun Friber 150m)   |  |                 |             |   |              |  | ENV ENGINEER: Approved by District Supervisor:           |           |                         |               |            |                     |  |
| Printed Name: Colleen Robinson   |  |                 |             |   |              |  |  |           |                         |               |            |                     |  |
| Printed Name   | : Coneen R   | obinson         |             |   |              |  | ·  |           | #Arvor                  | 8 AGAGA       | $\sqrt{M}$ |                     |  |
| Title: Compliance Analyst  |  |                 |             |   |              |  | Approval Date: 07 115 09 Expiration Date: 69 15 \ 09     |           |                         |               |            |                     |  |
|  |  |                 |             |   |              |  |  |           |                         | #             |            |                     |  |
|  |  |                 |             |   |              | Conditions of Approval: Attached                       |  |           |                         |               |            |                     |  |
| Date: 07/15/0  |  |                 | 145AA1 41 4 | DELIK<br>WBM IT FINN                      | 7F/4/16      | 40 /   | 1RP-09   | 1-9-2     | 279                     |               |            |                     |  |
| Attach Addit   |  |                 |             |   | ٤.           | ~~(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                 | ON THE POST  | אג כ-     | -141 154                |               |            |                     |  |
| FGR  | r 045  | 705990          | >           |   |              |  |  |           |                         |               |            |                     |  |