<u>District I</u> 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 1220 S St Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources JAN 20 Z010

Oil Conservation Division HOBBSUCD

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

Form C-141

Revised October 10, 2003

Santa Fe, NM 87505

|  |  |   | Kele   | ease Notifica  | ation  | and Co                                    | rrective A  | ction                             | l  |  |                                |                                   |          |
|--|--|---|--|--|--|---|---|-----------------------------------|--|--|--------------------------------|-----------------------------------|----------|
|  |  |   |  |  |  | OPERATOR                                  |   |                                   | Initial Report XX Final Report   |  |                                |                                   |          |
| Name of Co   | mpany                                    | Oxy USA W                                 |  |  | Contact Dusty Wilson   |   |   |                                   |  |  |                                |                                   |          |
| Address 10   | 17 W. Sta                                | nolind Rd                                 |  |  | Telephone No. (575) 397-8247   |   |   |                                   |  |  |                                |                                   |          |
| Facility Nar   | ne State 3                               | 33 # 2 Batter                             |  | I  | Facility Type Storage  |   |   |                                   |  |  |                                |                                   |          |
| Surface Ow   | ner State                                | of NM                                     | Mineral Ov                                   | wner S   | r Shared Lease No. NM-51673  |   |   |                                   |  |  |                                |                                   |          |
| Surface Ow   | ner State                                | 01 14141                                  |  | Willicial  | WIICI  | marcu                                     |   |                                   | Lease 1  | 10. 11111-5                                  | 1075                           |                                   |          |
|  |  |   |  |  |  | OF REI                                    | LEASE   | ,                                 |  |  |                                |                                   |          |
| Unit Letter  | Section                                  | Township                                  | Range  | Feet from the  | North/S  | South Line                                | Feet from the   | East/West Line                    |  | County                                       |                                |                                   |          |
| F  | 33                                       | 21s                                       | 35e  |  |  |   |   |                                   |  | Lea  |                                |                                   |          |
| 1  | _ 33                                     | 213                                       |  |  |  |   |   | L                                 |  | Lea  |                                |                                   |          |
|  |  |   | La   | titude   |  | _ Longitud                                | e   |                                   |  |  |                                |                                   |          |
|  |  |   |  | NATI   | URE (  | OF RELI                                   | EASE  |                                   |  |  |                                |                                   |          |
| Type of Rele   | ase Produc                               | e Water                                   | 11111  |  | Volume of Release 92 bbls Volume Recovered 90 bbls                         |   |   |                                   |  |  |                                |                                   |          |
|  |  | Over flow d                               | er failure                                   |  | Date and Hour of Occurrence Date and Hour of Discover                      |   |   |                                   |  |  |                                |                                   |          |
|  |  |   |  |  |  | 10/22/09 Same                             |   |                                   |  |  |                                |                                   |          |
| Was Immediate Notice Given?  |  |   |  |  |  | If YES, To Whom?                          |   |                                   |  |  |                                |                                   |          |
| X Yes No Not Required  |  |   |  |  |  |   |   |                                   |  |  |                                |                                   |          |
| By Whom? I   |  |   |  |  | Date and Hour 10/23/09 0800 hrs  If YES, Volume Impacting the Watercourse. |   |   |                                   |  |  |                                |                                   |          |
| Was a Watercourse Reached?  Yes X No                                 |  |   |  |  |  | n/a                                       |   |                                   |  |  |                                |                                   |          |
| 1C - W-1   |  |   |  |  |  |   |   |                                   |  | ****   |                                |                                   |          |
| If a Watercou  | irse was im                              | pacted, Descr                             | ibe Fully.                                   |  |  |   |   |                                   |  |  |                                |                                   |          |
| N/A  |  |   |  | ,  |  |   |   |                                   |  |  |                                |                                   |          |
|  |  |   |  |  |  |   |   |                                   |  |  |                                |                                   |          |
| Tank overflor<br>Soil samples<br>3' excavation                       | wed due to<br>and tests w<br>of the affe | ere gathered a cted area was              | at site. Al<br>at this site<br>performed     | n Taken.*  I fluids were contain and discussed with according to the accor | NMOC<br>ability o  | CD personnel<br>f the rock typ            | A work plan was<br>be soils to be remo                          | s greed<br>oved. Ti               | upon and c   | onsisted of                                  | the follo                      |                                   |          |
| Describe Are   | a Affected                               | and Cleanup A                             | Action Tal                                   | cen.*  |  |   |   |                                   |  |  |                                |                                   | $\dashv$ |
| D 11 . 1 .   | \!\\                                     |   |  |  |  |   |   |                                   |  |  |                                |                                   |          |
| Remediated t   | 6 NMOCD                                  | Requirements                              | S.   |  |  |   |   |                                   |  |  |                                |                                   |          |
|  |  |   |  |  |  |   |   |                                   |  |  |                                |                                   | İ        |
| regulations al<br>public health<br>should their of<br>or the environ | If operators or the environment. In a    | are required tronment. The nave failed to | o report are acceptant adequately OCD accept | e is true and comple<br>nd/or file certain re-<br>ce of a C-141 repor<br>investigate and re-<br>stance of a C-141 re-  | lease no<br>t by the<br>mediate  | otifications are NMOCD made contamination | nd perform correct<br>arked as "Final Re<br>on that pose a thre | tive act<br>eport" d<br>eat to gr | ions for releases not release not release to the countries of the countrie | eases which<br>leve the ope<br>c, surface wa | may en<br>rator of<br>ater, hu | danger<br>liability<br>man health |          |
|  | 1  | 11  | //   |  |  |   | OIL CONS  | SERV                              | ATION  | DIVISIO                                      | <u>)N</u>                      |                                   |          |
| Signature:   | InA                                      | 7.  |  |  |  |   |   |                                   |  |  |                                |                                   |          |
| <u> </u>   |  |   |  | -  | Approved by District Supervisor:   |   |   |                                   |  |  |                                |                                   |          |
| Printed Name   | : Justy L.                               | Wilson                                    |  |  | approved by  | E-Barret Supervise                        | Jan   | Dorce                             | Lakine   |  | _                              |                                   |          |
| Title: HES Specialist  |  |   |  |  |  | Approval Date: 01/29/10 Expiration Date:  |   |                                   |  |  |                                |                                   |          |
| THE TIES S   | pecialist                                |   |  |  |  | approvar Dat                              | 6. On MITO  | <u> </u>                          | Expiration 1   | Date:  |                                |                                   | $\dashv$ |
| E-mail Addre   | ss. dusty_                               | wilson@oxy.                               | com  |  | (  | Conditions of                             | Approval:   |                                   |  | Attached                                     |                                |                                   |          |
| Date: 1/10/2010 Phone: (575) 397-8210                                |  |   |  |  |  |   |   |                                   | IRP-10.1.2389  |  |                                |                                   |          |