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                   |         |                         | X Initial Report  Final Report |           |        |          |  |
|--|-------------------|----------------|---------------|--|--|-----------------------------|----------------------------|---------|-------------------------|--------------------------------|-----------|--------|----------|--|
| Name of Co   | mpany Fa          | airway Resou   | erating LLC   |  | Contact M                                    | att Eagleston               |                            |         |                         |                                |           |        |          |  |
| Address 538  | Silicon D         | Prive, Suite 1 | )2            | Telephone No. (817) 416 1946                             |  |                             |                            |         |                         |                                |           |        |          |  |
| Facility Name South Red Lake II Unit 30  |                   |                |               |  |  | Facility Type Well Location |                            |         |                         |                                |           |        |          |  |
| Surface Owner BLM Mineral Owner  |                   |                |               |  |  | RI M                        |                            |         | Lease No. NML C 028755A |                                |           |        |          |  |
| 3001501  |                   |                |               |  |  |                             | I                          |         |                         |                                |           |        |          |  |
|  |                   | - ·            | -             |  |  | OF RE                       |                            | 1 = 611 |                         |                                |           |        |          |  |
| Unit Letter<br>"O"   |                   |                | Feet from the | North/   | /South Line   Feet from the                  |                             | East/We                    | st Line | County                  | Eddy                           |           |        |          |  |
|  | 33                | 1/3            | 2/6           |  |  |                             |                            |         |                         | Eddy                           |           |        |          |  |
|  |                   |                | La            | titude   |  | Longitud                    | e                          |         |                         |                                |           |        |          |  |
|  | NATURE OF RELEASE |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| Type of Relea  | ase Produc        | ed Water / Cı  | ude Oil       |  | Volume of Release Unknown Volume Recovered 0 |                             |                            |         |                         |                                |           | $\neg$ |          |  |
| Source of Rel  |                   |                |               | Date and Hour of Occurrence                              |  |                             | Date and Hour of Discovery |         |                         |                                |           |        |          |  |
|  |                   |                |               | Unknown  |  |                             |                            |         |                         | $\Box$                         |           |        |          |  |
| Was Immedia  | ite Notice (      |                | No 🔲 Not Requ | ured   | If YES, To Whom?                             |                             |                            |         |                         |                                |           |        |          |  |
| By Whom?   |                   | <del></del>    |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| Was a Water  | course Read       | ched?          |               | Date and Hour  If YES, Volume Impacting the Watercourse. |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| If a Watercourse was Impacted, Describe Fully.*  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   | . ,            | •             |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        | ĺ        |  |
| Describe Cau   | se of Probl       | em and Reme    | dial Action   | n Taken.*  |  |                             |                            |         | -                       |                                |           |        | $\dashv$ |  |
| Describe Cause of Problem and Remedial Action Taken.*  Historic crude oil and produced water impact was discovered during reclamation of the well pad and appears to be the result of daily operations at the well |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| site.  |                   |                |               |  | =  |                             |                            |         |                         | , ,                            |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| Describe Are   | a Affected        | and Cleanup A  | Action Tak    | en.*   |  |                             | ,                          |         |                         |                                |           |        |          |  |
|  |                   |                |               | sia District Office                                      | require                                      | ements.                     |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| 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   |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               | nd/or file certain rel                                   |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               | e of a C-141 report                                      |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                |               | investigate and rer                                      |  |                             |                            |         |                         |                                |           |        |          |  |
| or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
| federal, state, or local laws and/or regulations.  |                   |                |               |  |  |                             |                            |         |                         |                                |           |        |          |  |
|  |                   |                | //            |  |  | OIL CONSERVATION DIVISION   |                            |         |                         |                                |           |        |          |  |
| Signature:   | Lols              | X tall         |               | 1 / / /  |  |                             |                            |         |                         |                                |           |        |          |  |
| Printed Name   | اهل نن            | h J. 7         |               | Approved Sy District Supervise                           |  |                             |                            |         |                         |                                |           |        |          |  |
|  | 2                 | J              |               | A LONG   |  |                             |                            |         |                         |                                | $\exists$ |        |          |  |
| Title (  | ypera.            | 11 - 1         |               | Approval Date: 1-8-10                                    |  |                             | Expiration Date: 6878      |         |                         |                                |           |        |          |  |
| E-mail Address: Jpulte Otairway resources, com   |                   |                |               |  |  | Conditions of Approval:     |                            |         | Attached                |                                |           |        |          |  |
| Date: 2/   | 25/10             |                | Phone         | 817-416-192  | 16   |                             |                            |         |                         |                                |           |        |          |  |
| Attach Addit   | ional Sha         | ets If Necess  |               |  |  |                             |                            |         |                         |                                |           |        |          |  |



