

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**

17 KMW 1106035351

**OPERATOR**

Initial Report  Final Report

|   |                                |
|---|--------------------------------|
| Name of Company OXY USA <i>192463</i>       | Contact Kelton Beard           |
| Address 1502 W. Commerce Carlsbad, NM 88220 | Telephone No. (O) 575-628-4100 |
| Facility Name Indian Hills # 1              | Facility Type Gas Well         |

|                       |                       |                             |
|-----------------------|-----------------------|-----------------------------|
| Surface Owner Federal | Mineral Owner Federal | Lease No. API #: 3001510066 |
|-----------------------|-----------------------|-----------------------------|

**LOCATION OF RELEASE**

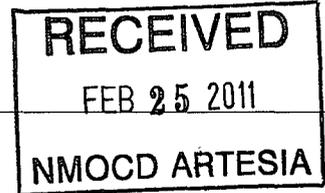
| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| M           | 21      | 21S      | 24E   |               |                  |               |                | Eddy   |

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**NATURE OF RELEASE**

|  |   |  |
|--|---|--|
| Type of Release Produced water   | Volume of Release 52 bbls   | Volume Recovered 35                            |
| Source of Release Buried Line  | Date and Hour of Occurrence   | Date and Hour of Discovery<br>2-7-11 @ 8:00 am |
| Was Immediate Notice Given?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required | If YES, To Whom?<br>Mike Bratcher- Left Message, Terry Gregston - BLM |  |
| By Whom? Kelton Beard- Oxy   | Date and Hour See above   |  |
| Was a Watercourse Reached?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | If YES, Volume Impacting the Watercourse.                             |  |

If a Watercourse was Impacted, Describe Fully. \*



Describe Cause of Problem and Remedial Action Taken. \*  
line busted due to freezing temperatures.

Describe Area Affected and Cleanup Action Taken. \*  
Area affected was all on location. Area will be delineated, and a clean-up plan will be submitted for approval.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

|                                      |   |                                   |
|--------------------------------------|---|-----------------------------------|
| Signature: <i>Kelton Beard</i>       | <b>OIL CONSERVATION DIVISION</b>  |                                   |
| Printed Name: Kelton Beard           | Approved by District <i>Signed By</i> <i>Mike Bratcher</i>  |                                   |
| Title: HES Specialist                | Approval Date: <i>3/9/11</i>  | Expiration Date:                  |
| E-mail Address: kelton_beard@oxy.com | Conditions of Approval:<br>Remediation per OCD Rules & Guidelines. <b>SUBMIT REMEDIATION PROPOSAL NOT LATER THAN:</b> | Attached <input type="checkbox"/> |
| Date: 2-15-11                        | <i>4/9/11</i>   |                                   |

\* Attach Additional Sheets If Necessary

*2 RP-618*