

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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 Department

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised August 24, 2018
Submit to appropriate OCD District office

Incident ID	NAPP2101443976
District RP	
Facility ID	
Application ID	

Release Notification

Responsible Party

Responsible Party	XTO ENERGY INC.	OGRID	005380
Contact Name	PATTY URIAS	Contact Telephone	432.620.4318
Contact email	patty.urias@exxonmobil.com	Incident #	(assigned by OCD)
Contact mailing address	6401 HOLIDAY HILL ROAD, BUILDING 5, MIDLAND, TX 79707		

Location of Release Source

Latitude 32.4075 Longitude -103.2178
(NAD 83 in decimal degrees to 5 decimal places)

Site Name	ARROWHEAD GRAYBURG UNIT SAT 4	Site Type	SATELLITE
Date Release Discovered	1/7/21	API#	(if applicable)

Unit Letter	Section	Township	Range	County
T	7	22S	37E	LEA

Surface Owner: ☐ State ☐ Federal ☐ Tribal ☐ Private (Name: _____)

Nature and Volume of Release

Material(s) Released (Select all that apply and attach calculations or specific justification for the volumes provided below)

<input type="checkbox"/> Crude Oil	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Produced Water	Volume Released (bbls)	Volume Recovered (bbls)
	Is the concentration of dissolved chloride in the produced water >10,000 mg/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condensate	Volume Released (bbls)	Volume Recovered (bbls)
<input type="checkbox"/> Natural Gas	Volume Released (Mcf)	Volume Recovered (Mcf)
<input checked="" type="checkbox"/> Other (describe)	Volume/Weight Released (provide units)	Volume/Weight Recovered (provide units)
CASINGHEAD GAS	218 MCF	

Cause of Release

3RD PARTY PLANT ISSUES - FLARED A TOTAL OF 46 HOURS AND 218 MCF

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Was this a major release as defined by 19.15.29.7(A) NMAC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, for what reason(s) does the responsible party consider this a major release?
If YES, was immediate notice given to the OCD? By whom? To whom? When and by what means (phone, email, etc)?	

Initial Response

The responsible party must undertake the following actions immediately unless they could create a safety hazard that would result in injury

<input checked="" type="checkbox"/> The source of the release has been stopped. <input checked="" type="checkbox"/> The impacted area has been secured to protect human health and the environment. <input type="checkbox"/> Released materials have been contained via the use of berms or dikes, absorbent pads, or other containment devices. <input type="checkbox"/> All free liquids and recoverable materials have been removed and managed appropriately.	
If all the actions described above have <u>not</u> been undertaken, explain why: <small>No released materials to be contained or free liquids or recoverable materials to be removed. 3rd party plant issues resolved and were able to accept all our produced gas.</small>	
Per 19.15.29.8 B. (4) NMAC the responsible party may commence remediation immediately after discovery of a release. If remediation has begun, please attach a narrative of actions to date. If remedial efforts have been successfully completed or if the release occurred within a lined containment area (see 19.15.29.11(A)(5)(a) NMAC), please attach all information needed for closure evaluation.	
I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to OCD 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 OCD does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to groundwater, surface water, human health or the environment. In addition, OCD 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.	
Printed Name: <u>PATTY URIAS</u>	Title: <u>REGULATORY ANALYST</u>
Signature: <u>Patty Urias</u>	Date: <u>1/11/2021</u>
email: <u>patty.urias@exxonmobil.com</u>	Telephone: <u>432.620.4318</u>
<u>OCD Only</u> Received by: <u>Ramona Marcus</u> Date: <u>1/19/2021</u>	

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Site Assessment/Characterization

This information must be provided to the appropriate district office no later than 90 days after the release discovery date.

What is the shallowest depth to groundwater beneath the area affected by the release?	_____ (ft bgs)
Did this release impact groundwater or surface water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of a continuously flowing watercourse or any other significant watercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 200 feet of any lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of an occupied permanent residence, school, hospital, institution, or church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 500 horizontal feet of a spring or a private domestic fresh water well used by less than five households for domestic or stock watering purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 1000 feet of any other fresh water well or spring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within incorporated municipal boundaries or within a defined municipal fresh water well field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within 300 feet of a wetland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release overlying a subsurface mine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release overlying an unstable area such as karst geology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lateral extents of the release within a 100-year floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the release impact areas not on an exploration, development, production, or storage site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a comprehensive report (electronic submittals in .pdf format are preferred) demonstrating the lateral and vertical extents of soil contamination associated with the release have been determined. Refer to 19.15.29.11 NMAC for specifics.

<p>Characterization Report Checklist: <i>Each of the following items must be included in the report.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Scaled site map showing impacted area, surface features, subsurface features, delineation points, and monitoring wells.<input type="checkbox"/> Field data<input type="checkbox"/> Data table of soil contaminant concentration data<input type="checkbox"/> Depth to water determination<input type="checkbox"/> Determination of water sources and significant watercourses within ½-mile of the lateral extents of the release<input type="checkbox"/> Boring or excavation logs<input type="checkbox"/> Photographs including date and GIS information<input type="checkbox"/> Topographic/Aerial maps<input type="checkbox"/> Laboratory data including chain of custody
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If the site characterization report does not include completed efforts at remediation of the release, the report must include a proposed remediation plan. That plan must include the estimated volume of material to be remediated, the proposed remediation technique, proposed sampling plan and methods, anticipated timelines for beginning and completing the remediation. The closure criteria for a release are contained in Table 1 of 19.15.29.12 NMAC, however, use of the table is modified by site- and release-specific parameters.

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Printed Name: _____ Title: _____

Signature: _____ Date: _____

email: _____ Telephone: _____

OCD Only

Received by: _____ Date: _____

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Remediation Plan

Remediation Plan Checklist: *Each of the following items must be included in the plan.*

- ☐ Detailed description of proposed remediation technique
- ☐ Scaled sitemap with GPS coordinates showing delineation points
- ☐ Estimated volume of material to be remediated
- ☐ Closure criteria is to Table 1 specifications subject to 19.15.29.12(C)(4) NMAC
- ☐ Proposed schedule for remediation (note if remediation plan timeline is more than 90 days OCD approval is required)

Deferral Requests Only: *Each of the following items must be confirmed as part of any request for deferral of remediation.*

- ☐ Contamination must be in areas immediately under or around production equipment where remediation could cause a major facility deconstruction.
- ☐ Extents of contamination must be fully delineated.
- ☐ Contamination does not cause an imminent risk to human health, the environment, or groundwater.

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Printed Name: _____ Title: _____

Signature: _____ Date: _____

email: _____ Telephone: _____

OCD Only

Received by: _____ Date: _____

☐ Approved ☐ Approved with Attached Conditions of Approval ☐ Denied ☐ Deferral Approved

Signature: _____ Date: _____

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Closure

The responsible party must attach information demonstrating they have complied with all applicable closure requirements and any conditions or directives of the OCD. This demonstration should be in the form of a comprehensive report (electronic submittals in .pdf format are preferred) including a scaled site map, sampling diagrams, relevant field notes, photographs of any excavation prior to backfilling, laboratory data including chain of custody documents of final sampling, and a narrative of the remedial activities. Refer to 19.15.29.12 NMAC.

Closure Report Attachment Checklist: *Each of the following items must be included in the closure report.*

- ☐ A scaled site and sampling diagram as described in 19.15.29.11 NMAC
- ☒ Photographs of the remediated site prior to backfill or photos of the liner integrity if applicable (Note: appropriate OCD District office must be notified 2 days prior to liner inspection) ATTACHED
- ☐ Laboratory analyses of final sampling (Note: appropriate ODC District office must be notified 2 days prior to final sampling)
- ☒ Description of remediation activities 3RD PARTY PLANT ISSUES RESOLVED AND ABLE TO START ACCEPTING ALL OUR PRODUCED GAS.

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Printed Name: PATTY URIAS Title: REGULATORY ANALYST

Signature: Patty Urias Date: 1/11/2021

email: patty.urias@exxonmobil.com Telephone: 432.620.4318

OCD Only

Received by: _____ Date: _____

Closure approval by the OCD does not relieve the responsible party of liability should their operations have failed to adequately investigate and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment nor does not relieve the responsible party of compliance with any other federal, state, or local laws and/or regulations.

Closure Approved by: _____ Date: _____

Printed Name: _____ Title: _____



AGU Sat #4

WELL NAME API

ARROWHEAD GRAYBURG UNIT #184	30-025-10094	P
ARROWHEAD GRAYBURG UNIT #188	30-025-31723	P
ARROWHEAD GRAYBURG UNIT #195	30-025-08882	P
ARROWHEAD GRAYBURG UNIT #197	30-025-31631	P
ARROWHEAD GRAYBURG UNIT #200	30-025-31752	P
ARROWHEAD GRAYBURG UNIT #202	30-025-31561	P
ARROWHEAD GRAYBURG UNIT #204	30-025-26478	S
ARROWHEAD GRAYBURG UNIT #209	30-025-26534	P
ARROWHEAD GRAYBURG UNIT #211	30-025-31534	S
ARROWHEAD GRAYBURG UNIT #213	30-025-31582	P
ARROWHEAD GRAYBURG UNIT #215	30-025-31751	P
ARROWHEAD GRAYBURG UNIT #369	30-025-34298	P
ARROWHEAD GRAYBURG UNIT #390	30-025-34299	S
ARROWHEAD GRAYBURG UNIT #391	30-025-37284	P
ARROWHEAD GRAYBURG UNIT #398	30-025-37285	S