## Received 10/8/2015

NMOCD Artesia

Form C-141 Revised August 8, 2011

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

State of New Mexico

Energy Minerals and Natural Resources

## **Release Notification and Corrective Action**

| OPERATOR                          | Initial Report   | $\boxtimes$              | Final Report  |
|-----------------------------------|--|--------------------------|---|
| Contact: Bradley Blevins          |  |                          |   |
| Telephone No. 575-887-7329        |  |                          |   |
| Facility Type: Exploration and Pr | oduction   |                          |   |
|                                   | Contact: Bradley Blevins<br>Telephone No. 575-887-7329 | Contact: Bradley Blevins | Contact: Bradley Blevins   Telephone No. 575-887-7329 |

Surface Owner: Federal

Mineral Owner:

API No. 30-015-37838

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

## **LOCATION OF RELEASE**

| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| r           | 22      | 24S      | 30E   | 100           | South            | 400           | East           | Eddy   |

Latitude: <u>N 32.196517°</u> Longitude: <u>W 103.862025°</u>

## NATURE OF RELEASE

| Type of Release: crude oil  | Volume of Release: 11 bbls                | Volume Re                        | ecovered: 10 bbls              |  |  |  |
|---|---|----------------------------------|--------------------------------|--|--|--|
| Source of Release: hole in water leg of heater  | Date and Hour of Occurrence:              | ice: Date and Hour of Discovery: |                                |  |  |  |
|   | 8/13/15 @, 4 pm                           | 8/13/15 @                        |                                |  |  |  |
| Was Immediate Notice Given?   | If YES, To Whom?                          |                                  |                                |  |  |  |
| 🗌 Yes 🗌 No 🖾 Not Required   |   |                                  |                                |  |  |  |
| By Whom?  | Data and Hauni                            |                                  |                                |  |  |  |
| Was a Watercourse Reached?  | Date and Hour:                            |                                  |                                |  |  |  |
|   | If YES, Volume Impacting the Watercourse: |                                  |                                |  |  |  |
| 🗌 Yes 🖾 No  | Not Applicable                            |                                  |                                |  |  |  |
| If a Watercourse was Impacted, Describe Fully.* Not Applicable  |   |                                  |                                |  |  |  |
|   |   |                                  |                                |  |  |  |
|   |   |                                  |                                |  |  |  |
| Describe Cause of Problem and Remedial Action Taken.*   |   |                                  |                                |  |  |  |
| A hole developed on the water leg of the main heater treater, releasing 10  | barrels of oil to the lined containmen    | t. One barrel                    | of oil was released outside of |  |  |  |
| the containment (very light mist) to location.  |   |                                  |                                |  |  |  |
|   |   |                                  |                                |  |  |  |
| Describe Area Affected and Cleanup Action Taken.*   |   |                                  |                                |  |  |  |
| A vacuum truck was called to the location and recovered 10 barrels of oil   | from the lined containment. With NM       | AOCD approv                      | al the contaminated soil has   |  |  |  |
| been excavated and hauled to a state approved disposal facility and the ex-   | cavation backfilled with clean soil.      |                                  |                                |  |  |  |
|   |   |                                  |                                |  |  |  |
| I hereby certify that the information given above is true and complete to t   | he best of my knowledge and understa      | and that pursu                   | ant to NMOCD rules and         |  |  |  |
| regulations all operators are required to report and/or file certain release r  | otifications and perform corrective ac    | ctions for relea                 | ases which may endanger        |  |  |  |
| public health or the environment. The acceptance of a C-141 report by th  | e NMOCD marked as "Final Report"          | does not relie                   | ve 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.   | 1 1                                       |                                  | 1                              |  |  |  |
|   | OIL CONSERV                               | VATIONI                          | DIVISION                       |  |  |  |
|   | OIL CONDER                                | 1110111                          | DIVIDIOIN                      |  |  |  |
| Signature: Snallen De   |   |                                  |                                |  |  |  |
|   | Approved by Environmental Specialist:     |                                  |                                |  |  |  |
| Printed Name: Bradley Blevins   | Approved by Environmental Specian         | 51.                              |                                |  |  |  |
|   |   |                                  | > 7 / 4                        |  |  |  |
| Title: Assistant Remediation Foreman  | Approval Date: 10/13/2015                 | Expiration D                     | ate: N/A                       |  |  |  |
|   | ······································    |                                  |                                |  |  |  |
| E-mail Address: bblevins@basspet.com  | Conditions of Approval:                   |                                  |                                |  |  |  |
|   |   | NAL                              | Attached                       |  |  |  |
| Date: 10- 2-15 Phone: 432-214-3704  | 111                                       | 1111                             |                                |  |  |  |

\* Attach Additional Sheets If Necessary

2RP-3206