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

* Attach Additional Sheets If Necessary

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

| | | | MY water 15 to 17 to 10 | MANUFACTURE AND THE PROPERTY OF THE PARTY OF | | | ** | W. M.C. W. W. | Indiana - I was an an an | | | | |
|---|---------------|---------------------------|-------------------------|--|--|----------------------------------|---------------------|---|--------------------------------|-------------|--------|----------|--|
| | , | | Rele | ease Notific | catio | on and Co | orrective A | ctio | n · | | | - | |
| 0JAW1233140110 | | | | | | OPERATOR | | | ☐ Initial Report ☐ Final Repor | | | | |
| Name of Company OXY USA Inc. 16696 | | | | | | Contact Leslie V. Moreno | | | | | | | |
| Address 1017 W. Stanolind Rd. | | | | | | Telephone No. (575) 397-8247 | | | | | | | |
| Facility Name Federal 29 #8 | | | | | | Facility Type Production Battery | | | | | | | |
| Surface Owner Mineral Owner | | | | | | er | | | Lease No. API 30-015-27266 | | | | |
| | | | | LOCA | TIC | N OF DE | FASE | | | | - | | |
| Unit Letter Section Township Range Feet from the North/South Line Feet from the East/West Line County | | | | | | | | | | | | | |
| | 20 | | | | | | 5 (0 | | | 1 | | | |
| M | 29 | 238 | 31E | 330 | L.: | <u> </u> | 760 | L | W | Eddy | | · | |
| LatitudeLongitude | | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | | |
| Type of Rele | | | | | | | | | Volume Recovered 0 | | | | |
| Source of Re | lease | | | , | Date and Hour of Occurrence 11/20/11 @ 0000 hrs | | | Date and Hour of Discovery 11/20/11@ 0600 hrs | | | | | |
| | | | | | To 11/20/11 @ 2400 hrs | | | 0000 IIIS | | | | | |
| Was Immediate Notice Given? ☐ Yes ☐ No ☐ Not Required ☐ If YES, To Whom? Jim Amos | | | | | | | | | | | | | |
| By Whom? Leslie V. Moreno, HES Administrative Assistant Date and Hour 11/21/11 @ 2:53 pm | | | | | | | | | | | | | |
| Was a Watercourse Reached? If YES, Volume Impacting the Watercourse. N/A | | | | | | | | | | | | | |
| ☐ Yes ☒ No | | | | | | | | | | | | | |
| If a Watercourse was Impacted, Describe Fully.* N/A | | | | | | | | | | | | | |
| RECEIVED | | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* Oxy began flaring due to Pure Gold Booster compressor down. | | | | | | | JAN 0 9 2012 | | | | | | |
| Oxy began 11 | aring due to | Pure Gold B | ooster con | npressor down. | | NMOOD ADTOOL | | | | | | | |
| NMOCD ARTESIA | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Area Affected and Cleanup Action Taken.* .N/A | | | | | | | | | | | | | |
| I hereby certi | fy that the i | nformation gi | ven above | is true and compl | lete to | the best of my | knowledge and u | ındersta | nd that nurs | uant to NM | OCD r | ules and | |
| regulations al | l operators | are required to | report an | d/or file certain re | elease | notifications ar | nd perform correc | tive act | ions for rele | eases which | may er | ndanger | |
| 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 | | | | | | | | | | | | | |
| | | | | tance of a C-141 i | | | | | | | | | |
| federal, state, | | | | | | | | | | | | , | |
| | 1 1- | OIL CONSERVATION DIVISION | | | | | | | | | | | |
| Signature: (| 7 pw | | | ļ | Accepted for record | | | | | d | | | |
| Printed Name: Leslie V. Moreno | | | | | | Approved by District Supervisor: | | | NMOCD | | | | |
| | | | | | | | | | | | | | |
| Title: HES Administrative Assistant | | | | | | Approval Date: | | | Expiration Date: | | | | |
| E-mail Address: Leslie_Moreno@oxy.com | | | | | | Conditions of Approval: | | | | Attached | | | |
| Date: Phone: (575) 397-8247 | | | | | | | | | | _ | | | |