## NM OIL CONSERVATION

ARTESTA DISTRICT

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

MAR 16 2015

Form C-141 Revised October 10, 2003 ~~~

RECEIVED

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

## Release Notification and Corrective Action

|                                                                                                                                                                                                                                                                                                                       |                |                 |           |                                           |           |                                                                                                 |                                                                    | •                 |               |           |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------|-------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------|---------------|-----------|-------------|--|
| NAB                                                                                                                                                                                                                                                                                                                   | 1507           | 5525            | 30        |                                           |           | OPĖRA:                                                                                          | TOR                                                                | X Ini             | tial Report   |           | Final Repor |  |
| Name of Co                                                                                                                                                                                                                                                                                                            | ompany: Č      | layton Willi    | ams       | 2570                                      | U         | Contact: Lu                                                                                     | is Gonzalez                                                        |                   |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 | 0 Midlan  | d. TX 79705                               |           | Telephone 1                                                                                     | No: 432-661-470                                                    | )8                |               |           |             |  |
| Facility Na                                                                                                                                                                                                                                                                                                           | me: State 1    | 20 E #2         |           |                                           |           | Facility Typ                                                                                    | e: Flowline                                                        |                   |               |           |             |  |
| Surface Ow                                                                                                                                                                                                                                                                                                            | ner: State     |                 |           | Mineral C                                 | )wner:    | Lease No. 30-015-31051                                                                          |                                                                    |                   |               |           |             |  |
| LOCATION OF RELEASE                                                                                                                                                                                                                                                                                                   |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| Unit Letter                                                                                                                                                                                                                                                                                                           | Section        | Township.       | Range     | Feet from the                             |           | South Line                                                                                      | Feet from the                                                      | East/West Line    | County:       |           |             |  |
| ( )                                                                                                                                                                                                                                                                                                                   | 20             | 178             | 29E       |                                           |           |                                                                                                 |                                                                    |                   | Eddy Cot      | inty      |             |  |
| Latitude 32.825409 Longitude -104.098243                                                                                                                                                                                                                                                                              |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| NATURE OF RELEASE                                                                                                                                                                                                                                                                                                     |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| Type of Release: Produced Water/Oil                                                                                                                                                                                                                                                                                   |                |                 |           |                                           |           |                                                                                                 | Volume of Release: 170 Volume Recovered:160(150PW/10Oil)           |                   |               |           |             |  |
| Source of Release: Flow Line Leak                                                                                                                                                                                                                                                                                     |                |                 |           |                                           |           |                                                                                                 | Date/Hour of Occurrence: 3/11/15   Date/Hour of Discovery: 3/12/15 |                   |               |           |             |  |
| Was Immedia                                                                                                                                                                                                                                                                                                           | ite Notice G   |                 | Yes [     | ] No □ Not Re                             | auired    | If YES, To Whom? NMOCD left message no call was given back. 3/13/2015 Called Heather Patterson. |                                                                    |                   |               |           |             |  |
| By Whom? E                                                                                                                                                                                                                                                                                                            | ric Garcia     | <b></b>         |           |                                           |           | Date and Hour: 3/12/15 11:30AM                                                                  |                                                                    |                   |               |           |             |  |
| Was a Water                                                                                                                                                                                                                                                                                                           | course Reacl   | hed?            |           |                                           |           | If YES, Volume Impacting the Watercourse: N/A                                                   |                                                                    |                   |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       |                | L               | Yes 🔯     | No                                        |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| If a Watercourse was Impacted, Describe Fully.*                                                                                                                                                                                                                                                                       |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| ` `                                                                                                                                                                                                                                                                                                                   |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| Describe Cause of Problem and Remedial Action Taken.*                                                                                                                                                                                                                                                                 |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| The cause of the problem was a leak in the flow line from the well to the battery. The line was repaired. Also, vacuum truck removed the standing fluid.  Approximately, 160 barrels were recovered, 150 barrels of PW and 10 barrels of oil. Hauled the fluid to the disposal. Finally, a crew installed a barb wire |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| sence around the spill site. Pictures of the site were taken for future reports, and a one call was performed.                                                                                                                                                                                                        |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| Describe Area                                                                                                                                                                                                                                                                                                         |                |                 |           |                                           | ·         |                                                                                                 |                                                                    |                   |               |           |             |  |
| The area affect                                                                                                                                                                                                                                                                                                       | ited was pas   | ture. The are   | a measure | s approx. 10,000                          | sq ft. Oi | ne call was pe                                                                                  | erformed on 3/12/                                                  | 15 by Republic I  | Backhoe Servi | ee LLC    | Once the    |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           | e delineation proc<br>ean soil will be hi |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| guideline for:                                                                                                                                                                                                                                                                                                        |                | posecrat restor | . Then e  | can son will be in                        | uuicu iii | ·                                                                                               | e area. The reme                                                   | ulation process v | in adnere w   | 110 14141 | (100)       |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           | is true and comple                        |           |                                                                                                 |                                                                    |                   |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           | l/or file certain rel                     |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| 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 environ                                                                                                                                                                                                                                                                                                        | ment. In ado   | dition, NMOC    | D accepta | ance of a C-141 re                        |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| federal, state, o                                                                                                                                                                                                                                                                                                     | or local laws  | and/or regula   | tions.    |                                           |           | ······                                                                                          | OH GONG                                                            | DDI/A DIA         | D11/101/0     |           |             |  |
| 0 0 11                                                                                                                                                                                                                                                                                                                |                |                 |           |                                           |           | OIL CONSERVATION DIVISION                                                                       |                                                                    |                   |               |           |             |  |
| Signature:                                                                                                                                                                                                                                                                                                            | Java           | Joenla          | 9         |                                           |           |                                                                                                 |                                                                    | 11                |               |           |             |  |
|                                                                                                                                                                                                                                                                                                                       | A              |                 | a A       | -                                         | Λ         | pproved by D                                                                                    | District Supervisor                                                | : 1               | 1/1           |           |             |  |
| Printed Name:                                                                                                                                                                                                                                                                                                         |                |                 |           |                                           |           |                                                                                                 | <u> </u>                                                           | 110-1             | - 110         |           |             |  |
| fille: Pre                                                                                                                                                                                                                                                                                                            |                | - •             |           |                                           |           | pproval Date:                                                                                   |                                                                    | Expiration        |               |           |             |  |
| F-mail Addres                                                                                                                                                                                                                                                                                                         | s <b>el el</b> | Ila DIA         | No.t      | 1. J. Hickory                             | - C       | onditions of /                                                                                  | Approval:                                                          |                   |               | _         |             |  |
| Phone: 3 - 15 - 15  Phone: 575 3FO ZOC SUBMIT REMEDIATION PROPOSAL NO                                                                                                                                                                                                                                                 |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   |               |           |             |  |
| Date: 🔾 🔧                                                                                                                                                                                                                                                                                                             | ~ / ~          |                 | Phone:    | 15 370 2                                  | 002       | SUBMIT R                                                                                        | EMEDIATION                                                         | PHOLOSU           | . NO          |           |             |  |
| Attach Additi                                                                                                                                                                                                                                                                                                         | onal Sheets    | s II Necessai   | У         |                                           | Ĺ         | ATER TH                                                                                         | AN: Alle                                                           | 10                | 10            | 101       | 1007        |  |
|                                                                                                                                                                                                                                                                                                                       |                |                 |           |                                           |           |                                                                                                 |                                                                    |                   | 4             | J - L     | -001        |  |