## <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District III 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

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

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

side of form

Form C-141 Revised October 10, 2003

|   | Release Notification and Corrective Action  |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|---|---|--|-----------------|------------|------------------------|---------------------|---|--------------------------|----------------|---------------|---------------------|-----------|--------|--|
|   | ,   | OPERATOR   |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   | Name of Co  |  | Apache          | ion        |                        | Contact Bruce Baker |   |                          |                |               |                     |           |        |  |
|   | Address PO BOX 1849, Eunice, NM 88231 Telephone No. (575) 394-1503 Facility Name Lee Federal #041 Facility Type Production Well   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| -হ  |   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   | Surface Ow  | Surface Owner BLM Mineral Owner  |                 |            |                        |                     |   | BLM API No. 30-015-39611 |                |               |                     |           |        |  |
| <i>1</i> 33   | LOCATION OF RELEASE   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   | Unit Letter   | Section  | Township        | Range      | Feet from the          | North/              | South Line  | Feet from the            | East/West Line |               | County              |           |        |  |
|   | Е   | 20   | 17S             | 31E        | 1700                   | FNL                 |   | 460                      | FWL            |               | Eddy                |           |        |  |
| 307   | Latitude Longitude Longitude  |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   | NATURE OF RELEASE   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| 443   | Type of Release Drilling Fluid  |  |                 |            |                        |                     | Volume of Release 30 bbls   Volume Recovered 0 bbls |                          |                |               |                     |           |        |  |
| · ·   | Source of Release Overflow bins   |  |                 |            |                        |                     |   |                          |                |               | d Hour of Discovery |           |        |  |
| <b>热</b>  | 4/15/2012   4/15/2012   Was Immediate Notice Given?   If YES, To Whom?  |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| -   |   |  |                 | Yes 🛚      | No 🗌 Not Req           | uired               |   |                          |                |               |                     | _         |        |  |
|   | By Whom? Natalie Gladden  |  |                 |            |                        |                     | Date and Hour                                       |                          |                |               |                     |           |        |  |
| 9   | Was a Watercourse Reached?  ☐ Yes ☒ No  |  |                 |            |                        |                     | If YES, Volume Impacting the Watercourse.           |                          |                |               |                     |           |        |  |
| 31  | If a Watercourse was Impacted, Describe Fully.*   |  |                 |            |                        |                     |   |                          |                |               | REC                 | ΞIV       | ED     |  |
|   | OCT 0 3 2013  |  |                 |            |                        |                     |   |                          |                |               |                     | n12       |        |  |
|   | . OCT <b>0 3</b> 2013   |  |                 |            |                        |                     |   |                          |                |               |                     |           | 010    |  |
| 1   | NMOCD ARTESIA   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| Describe Cause of Problem and Remedial Action Taken.*   |   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| <b>2</b> 0  | While in final stages of drilling this well, the Qmax man was not paying attention to his fluid levels, which caused the overflow bins to overflow.   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   |   |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| الت   |   | Describe Area Affected and Cleanup Action Taken.*  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| 4   |   | The leak affected 561 sq. ft. of well pad in the southwest corner of the location. The impacted area was excavated to 6 inches below ground surface. |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
| 4   | Samples were collected from the excavation, field tested, and sent to a commercial laboratory for chloride analyses. Impacted soils were removed to a NMOCD approved disposal facility. The excavation was backfilled with clean imported caliche and leveled.  |  |                 |            |                        |                     |   |                          |                |               |                     |           |        |  |
|   | I haraby cartif   | 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 | d/or file certain rele | ease no             | tifications and                                     | d perform correct        | ive action     | ons for rele  | ases which r        | nay en    | danger |  |
| public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the |   |  |                 |            |                        |                     |   |                          |                | eve the opera | tor of              | liability |        |  |
| 3   | 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   |   |  |                 |            |                        |                     | OIL CONSERVATION DIVISION                           |                          |                |               |                     |           |        |  |
|   | Signature: Bruce Baker  |  |                 |            |                        |                     | 1/ //   |                          |                |               |                     |           |        |  |
| 1   | Printed Name: Bruce Baker A   |  |                 |            |                        |                     | pproved by D  | District Supervisor      | r:             | no            | M                   |           |        |  |
| , [   |   |  |                 |            |                        |                     | nnroval Date  | 4/2/1/5                  | -              | vniestion D   | natar 1/            | 11        |        |  |
|   |   |  |                 |            |                        |                     | Approval Date: 4/20/15   Expiration Date: 1//4      |                          |                |               |                     |           |        |  |
| -   | E-mail Addres   |  | 0               | cer Ga     | pachecorp.c.           | um C                | onditions of A                                      | Approval:                |                |               | Attached            |           |        |  |
|   | Date:   | 8-30   |                 |            | (575) 394-1503         |                     |   | - F                      | Nec            | <u> </u>      |                     |           |        |  |
| *   | Attach Additi   | onal Shee  | ts If Necessa   | ry         |                        |                     |   |                          | -              |               | 26                  | 2P_       | 1135   |  |