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

State of New Mexico Energy Minerals and Natural Resources



Form C-141 Revised October 10, 2003

Oil Conservation Division 1220 South St. Francis Dr.

OCT 0 1 2008

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

Santa Fe, NM 87505 OCD-ARTERIA

Release Notification and Corrective Action

| | بماك مسم | | Kei | ease mount | cauo | n anu C | orrective A | CHOL | L | | | |
|---|---------------|--|---------------|--|---|--|---------------------|----------------------------|---------------|--|-------------|-----------------|
| - NA BLE | 528 839 | 3615 | | QP | ERA | TOR | √∏ Initi | al Report | | Final Repor | | |
| Name of Co | mpany O | XY USA IN | C. | 1424123 | <u> </u> | Contact Ric | k Kerby | | | | | |
| Address PO | Box 1988 | 102 S Mair | . Carlsba | d NM 88220 | | Telephone No. (O) 505-887-8337 (C) 505-631-4972 | | | | | | |
| Facility Nat | ne Big Wa | alt CTB | | | | Facility Type CTB | | | | | | |
| Surface Ow | ner | | Mineral (| Owner | er Lease No. | | | | | | | |
| 300 | 215 3 | 3315 | | LOCA | ATIO | ON OF RELEASE | | | | | | |
| Unit Letter | | | | | | th/South Line Feet from the | | East/West Line | | County EDDY | | |
| LatitudeLongitude | | | | | | | | | | | | |
| NATURE OF RELEASE | | | | | | | | | | | | |
| Type of Rele | ase Water | | | | Volume of Release 1000 Volume Recovered | | | | | | | |
| Source of Re | | oly line had s | | | Date and Hour of Occurrence | | | Date and Hour of Discovery | | | | |
| | | | | | 09/27/2008 | 11:30PM | | | | | | |
| Was Immedia | te Notice G | | 7 N. (7 N. | | If YES, To Whom? | | | | | | | |
| x Yes No Not NMOCD – Mike Bratcher Required | | | | | | | | | | | | |
| By Whom? R | ick Kerby | | | | Date and Hour: 09-28-2008 8:00 AM | | | | | | | |
| Was a Watero | ourse Reach | ned? . | Yes X | □ No | | If YES, Volume Impacting the Watercourse. | | | | | | |
| 10 117 | | | | | | | | | | <u> </u> | | |
| If a Watercourse was Impacted, Describe Fully.* | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Describe Cause of Problem and Remedial Action Taken.* | | | | | | | | | | | | |
| 8 in Poly line | spiit | | | | | | | | | | | |
| Describe Area | Affected ar | nd Cleanup A | ction Tak | en.* | | | | | | | | |
| | | | | CTB are 1000 or 1 | less and | will be monit | ored for growth. | | | | | |
| | | | | | | | _ | | | | | } |
| - | | <u> </u> | , | | | 1 | | • | | - ND 44 | | |
| I hereby certif | y that the in | formation giv | report an | is true and compled/or file certain re | ete to tr | ie best of my l | cnowledge and un | iderstani | d that pursi | ant to NM(| JCD rul | es and" |
| | | | | e of a C-141 repor | | | | | | | | |
| | | | | investigate and re | | | | | | | | |
| | | | | ance of a C-141 r | eport de | oes not relieve | the operator of re | esponsib | oility for co | mpliance w | ith any c | other |
| federal, state, | or local laws | and/or regul | ations. | | | | | | | | | |
| | <i>a</i> ' | 0.11 | | | | | OIL CONS | ERV | ATION I | <u>DIVISIO</u> | <u>N</u> | ľ |
| Signature: | lack | Karby | | | İ | | | - 1/ | // // | emediation Ac | ions to be | completed and |
| 3.8 | | / | - | | $ \longrightarrow $ | Approved by District Supervisor: Final C-141 submitted with confirmation and perfore the | | | | | | |
| Printed Name: | Rick Kerby | <u>, / </u> | | | | approved by E | oistrict Supervisor | 114 | | narys es/ docum Expiration Date. | | n or before the |
| Tide. HECT- | _1_ | | | | 1 | Approval Date: 101515 Expiration Date: NIA | | | | | | |
| Title: HES Te | CII | <u>. </u> | | | * | spprovai Date | | | xpiration D | aic. | <u>r</u> , | |
| E-mail Addres | s: rick_kerb | y@oxy.com | | | | Conditions of Approval: | | | | | | |
| Date: 8-29-08 | | | F | Phone: 631-4972 | | Remediation per O.C.D. Rules & Guidelines | | | | | | |
| Attach Addition | onal Sheets | If Necessar | | | JUBMIT RE ATER THA | MEDIATION I | | DSAL Ni | MRSA- | <i>332</i> | | |