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## State of New Mexico Energy Minerals and Natural Resources

Form C-141 Revised October 10, 2003

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

| Release Notification and Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|--------------|------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|----------|----------|-----------|--|
| NAB 535235369DPERATOR X Initial Report Final Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| Name of Company Chevron USA 4323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                   |               |              |              |                                    |                                                           | im Klahsen                                                                    |          |          |           |  |
| Address HCR 60 Box 423 Lovington, N.M. 88260 Telephone No. 505-396-4414 X 228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| Facility Name:   Skelly 940   Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |               |              |              |                                    |                                                           | Pacility Type PRODUCTION BATTERY                                              |          |          |           |  |
| Surface Owner FEDERAL BLM Mineral Owner 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |               |              |              |                                    | FEDERAL LEASE NO. FEDERAL LEASE NO.                       |                                                                               |          |          |           |  |
| LOCATION OF RELEASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| Unit Letter Section Township Range Feet from the South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                   |               |              |              | ine Feet from the East Line County |                                                           |                                                                               |          | County   |           |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 22                                                                                                                                                                                                | 17s           | $3/\epsilon$ | 990          | FN                                 | 16                                                        | 330                                                                           | FWL Eddy |          |           |  |
| Latitude: / Longitude: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| NATURE OF RELEASE API # 30-015-3259                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| Type of Rele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Type of Release Spill                                                                                                                                                                             |               |              |              |                                    |                                                           | Volume of Release Volume Recovered                                            |          |          |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |               |              |              |                                    |                                                           | 1.15 bbl oil and 164 bbl 140 bbl produced water<br>produced water             |          |          |           |  |
| 0/ · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                 |               |              |              |                                    | -                                                         |                                                                               | ····     |          |           |  |
| Source of Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lease Tan                                                                                                                                                                                         | k overflow at | the Skelly   | 940 battery  |                                    | Date and H<br>9-23-2010                                   | Date and Hour of OccurrenceDate and Hour of Discovery-23-20109-23-2010 @ 8:00 |          |          |           |  |
| Was Immedi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ate Notice C                                                                                                                                                                                      |               |              | _            |                                    | If YES, To Whom?                                          |                                                                               |          |          |           |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                   | Y.            |              | o 🗌 Not Requ | ired.                              | Verbal notice to Geoffry Leking on 9/24/10 by Kim Klahsen |                                                                               |          |          |           |  |
| By Whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |               |              |              |                                    | Date and Hour.                                            |                                                                               |          |          |           |  |
| Was a Watercourse Reached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                   |               |              |              |                                    | If YES, Volume Impacting the Watercourse.                 |                                                                               |          |          |           |  |
| If a Watercourse was Impacted, Describe Fully.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| Describe Cause of Problem and Remedial Action. Taken.*<br>A power failure was the main cause of the spill. A communication failure resulted from the power failure and a tank filled but did<br>not overflow into an adjacent tank as designed. Most of the spilled fluid remained in a lined dike area where a vacuum truck<br>removed the fluid to proper disposal. The dike failed in one area and some of the liquid flowed into the area surrounding the tank<br>field. Soil samples were collected to determine the concentration of BTEX; Chlorides, and TPH.<br>Describe Area Affected and Cleanup Action Taken.<br>This is an impact to soil. So far, only free liquids have been removed from the area of the spill.<br>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<br>regulations all operators are required to adcept and/or file certain release notifications and perform corrective actions for releases which may endanger<br>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<br>should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health<br>or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other<br>federal, state, or local laws and/or regulations. |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |
| OIL CONSERVATION DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          | DIVISION  |  |
| Signature:<br>Approved by District Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |               |              |              |                                    |                                                           |                                                                               |          |          | Brance-   |  |
| · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Printed Name: Kim Klahsen Title: Operations : HES Approval Date: 12/18/15 Expiration Date: N/A                                                                                                    |               |              |              |                                    |                                                           |                                                                               |          |          | Date: N/A |  |
| E-mail Addro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ess <u>KDK1</u>                                                                                                                                                                                   | .@chevron.co  | <u>m</u>     |              |                                    | Conditions of                                             | Approval:                                                                     | Rules    | s & Guid | elines    |  |
| Date: Octob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E-mail Address       KDKL@chevron.com         Conditions of Approval:       Attached         Permediation per O.C.D. Rules & Guidelines         Date: October 6, 2010       Phone: 396-4414 X 228 |               |              |              |                                    |                                                           |                                                                               |          |          |           |  |

LAIER THAN:

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\* Attach Additional Sheets If Necessary

2RP-3458