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

side of form

obtaining samples where analyses are to be presented to OCD

Santa Fe, NM 87505 2000 SEP 11 PM 2 36

| Release Notification and Corrective Action  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
|---|--------------------|----------------|---------------------------|--------------------|---|---|---|----------------------------|-------------------------------|-------------|---------|-----------------|
| isebo827630929<br>NSEB0827630658  |                    |                |                           |                    |   | <b>OPERA</b>  |   |                            | ☐ Initial Report ☐ Final Repo |             |         |                 |
| Name of Company Tandem Energy Corporation 23618  Address P.O. Box 1559, Midland, TX 79702   |                    |                |                           |                    |   | Contact<br>Telephone N  | Brandi Barth<br>No. 361-935-93                  |                            | SEP T 9 2008                  |             |         |                 |
| Facility Name South Lucky Lake Queen Unit   |                    |                |                           |                    |   | Facility Typ  | · · · · · · · · · · · · · · · · · · ·           | //                         | 700 A 777                     |             |         |                 |
| Surface Owner <b>S</b> Mineral Owner  |                    |                |                           |                    |   |   |   |                            | Lease No. 1                   |             |         |                 |
|   |                    |                |                           |                    |   | ION OF RELEASE  |   |                            |                               |             |         |                 |
| Unit Letter   | Section            |                |                           |                    |   |   |   |                            | West Line   County            |             |         |                 |
| P   | 16                 | 15S            | 29E                       | 330                | South   |   | 990   | East                       |                               | Chaves      |         |                 |
| Г   | 10                 | 133            |                           |                    |   | 307 Longitude 104.027846  |   |                            |                               |             |         |                 |
|   |                    |                |                           |                    |   | OF RELI   |   |                            |                               |             |         |                 |
| Type of Relea   |                    | d Saltwater    |                           |                    | Volume of Release 16 bbl Volume Recovered 0       |   |   |                            |                               |             |         |                 |
| Source of Re  | lease Nip          | ple on Check   |                           |                    | Date and Hour of Occurrence 08/26/08 @ 11:00 a.m. |   |   | Date and Hour of Discovery |                               |             |         |                 |
| Was Immediate Notice Given?   |                    |                |                           |                    |   | If YES, To  |   |                            |                               |             |         |                 |
| ☐ Yes ☑ No ☐ Not Required   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| By Whom? Was a Watercourse Reached?   |                    |                |                           |                    |   | Date and Hour If YES, Volume Impacting the Watercourse.   |   |                            |                               |             |         |                 |
| ☐ Yes ⊠ No  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| If a Watercourse was Impacted, Describe Fully.*   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
|   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
|   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| Describe Cause of Problem and Remedial Action Taken.*   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| 1/4 " nipple broke on check valve causing 6 bbls of oil and 10 bbls of saltwater to be spilled. Nothing was recovered.  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
|   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| The remedial action plan will be developed and executed for the site after soil sampling is conducted.  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| Describe Area   | Affected a         | and Cleanup A  | ction Tak                 | en.*               |   |   |   |                            |                               |             |         |                 |
| Describe Area Affected and Cleanup Action Taken.*   |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| The affected area was approximate 30' x 30'. The remediation plan will be developed and executed based upon the soil analysis results.  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| I hereby certif   | v that the in      | nformation giv | en ahove                  | is true and compl  | ete to th   | ne best of my l   | knowledge and ur                                | nderstand                  | that purs                     | uant to NM  | OCD r   | ules and        |
| 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/or file certain release notifications and perform corrective actions for releases which may endanger  |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health |                    |                |                           |                    |   |   |   |                            |                               |             |         |                 |
| or the environ<br>federal, state,   | ment. In ac        | dition, NMO    | CD accept                 | tance of a C-141 r | eport do  | oes not relieve   | the operator of re                              | esponsib                   | ility for co                  | ompliance v | vith an | y other         |
| reueral, state,   | or local law       | s ald/of regul | OIL CONSERVATION DIVISION |                    |   |   |   |                            |                               |             |         |                 |
| Signature: Manual XIII  |                    |                |                           |                    |   | Remediation Actions to be completed and Final C-141 submitted with confirmation   |   |                            |                               |             |         | th confirmation |
| Printed Name: Brandi Barthels   |                    |                |                           |                    |   | Approved by District Supervisor: 76 analyses/documentation on or before the Expiration Date.  |   |                            |                               |             |         |                 |
| Title: Regulatory & Environmental Affairs Manager   |                    |                |                           |                    | -   |   | proval Date: 10-2-2008 Expiration Date: 12-2-20 |                            |                               |             | 2008    |                 |
| E-mail Addres   | s: <u>bbarthel</u> | ls@platenergy  | .com                      |                    |   | Conditions of   | Approval:                                       |                            |                               | Attached    | 9       |                 |
| Date 09/0   | 8/2008             | Phone: 3       | 61.935.93                 | 377                | }<br>Wi   | thin 30 days, on o  | r before 11-3-09                                | , comi                     | pletion of                    | 200         | 70      | ' <b>^</b>      |
| Attach Additi   |                    |                | ry                        |                    | a re  | Within 30 days, on or before 11-3-08, completion of a remediation work plan based on delineation should be finalized and submitted for approval to the Division |   |                            |                               |             |         |                 |
| SE60827631085   |                    |                |                           |                    |   | summarizing all actions taken and/or to be taken to mitigate  Notify OCD 48 hours prior to  |   |                            |                               |             |         |                 |

environmental damage

## New Mexico Energy, Minerals and Natural Resources Department

## **Bill Richardson**

Governor

Joanna Prukop Cabinet Secretary Reese Fullerton Deputy Cabinet Secretary Mark Fesmire
Division Director
Oil Conservation Division



October 2, 2008

Tandem Energy Corporation PO Box 1559 Midland, TX 79702

RF.

South Lucky Lake Queen Unit 001 30 005 60360

P-16-15S-29E Chaves County, New Mexico

2RP-230

Dear Operator:

This office is in receipt of your C-141 regarding the oil and produced water release at this facility.

NMOCD Rule 19.15.3.116 states in part, "...The responsible person must complete division approved corrective action for releases which endanger public health or the environment. Releases will be addressed in accordance with a <u>remediation plan</u> submitted to and approved by the division or with an abatement plan submitted in accordance with Section 19 of 19.15.1 NMAC."

Information and tools for proper corrective action may be found in the Environmental Handbook on our web site at the following link: <a href="http://www.emnrd.state.nm.us/ocd/documents/7C\_spill1.pdf">http://www.emnrd.state.nm.us/ocd/documents/7C\_spill1.pdf</a>

The following actions are **required** to be addressed in the **remediation plan**:

- Determine the horizontal and vertical delineation of the spill by sampling.
   Constituents of concern (TPH, BTEX, and Chlorides) are to be addressed in the delineation and remediation plan.
- Prepare a sketch of the site indicating where and at what depths the samples were taken.
- Submit laboratory results of sampling as well as the proposed remediation with the plan.



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Notify the OCD 48 hours prior to obtaining samples where analyses of samples obtained are to be submitted to the OCD.

Remediation requirements may be subject to other federal, state, and local laws or regulations.

Within 30 days, **on or before November 03, 2008,** completion of a remediation work plan should be finalized and submitted to the Division summarizing all actions taken or to be taken to mitigate environmental damage related to the leak, spill or release for approval.

In the event that a satisfactory response is not received to this letter, further enforcement may occur. Such enforcement may include this office applying to the Division for an order summoning you to a hearing before a Division Examiner in Santa Fe. Such a hearing may result in imposition of civil penalties for your violation of OCD rules.

Please be advised that NMOCD acceptance and/or approval of documents or work plans 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 environment. In addition, NMOCD acceptance and/or approval of documents or work plans do not relieve the operator of responsibility for compliance with any other federal, state, local laws and/or regulations.

If I may be of further assistance with this matter or should you have any questions, please feel free to contact me.

Sincerely,

Sherry Bonham

NMOCD District II, Artesia (505) 748-1283 ext 109

E-mail: sherry.bonham@state.nm.us