## 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**

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

Revised October 10, 2003

Form C-141

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

## **Release Notification and Corrective Action**

| M4B102                                      | 58 48019      |                 |             |  |               | OPERA   | ATOR                     |             | Initi                      | al Report    |           | Final Repor |
|---|---------------|-----------------|-------------|--|---------------|---|--------------------------|-------------|----------------------------|--------------|-----------|-------------|
| Name of Company OXY USA 166 96              |               |                 |             |  |               | Contact Kelton Beaird   |                          |             |                            |              |           |             |
| Address 1502 W. Commerce Carlsbad, NM 88220 |               |                 |             |  |               | Telephone No. (O) 575-628-4100  |                          |             |                            |              |           |             |
| Facility Name Airport 35-1                  |               |                 |             |  |               | Facility Type Well with Battery   |                          |             |                            |              |           |             |
| Surface Owner State Mineral Owne            |               |                 |             |  |               | State   |                          |             | Lease No. 3001530379       |              |           |             |
|   |               |                 |             | LOCA   | TIO           | N OF RE   | LEASE                    |             |                            |              |           |             |
| Unit Letter                                 |               |                 |             | h/South Line   | Feet from the | East/West Line  |                          | County      |                            |              |           |             |
| M   | 35            | 35 22S 26E      |             |  |               |   |                          |             |                            | Eddy         |           |             |
| <u> </u>                                    | . •           |                 | La          | titude   |               | Longitud  | le                       |             |                            | <u> </u>     |           |             |
|   |               |                 |             |  |               | E OF REL  |                          |             |                            |              |           |             |
| Type of Rele                                | ase Crude     | Oil and Produ   |             | Volume of Release 40bbls/oil Volume Recovered 30bbls |               |   |                          |             |                            |              |           |             |
| Source of Release Storage Tank              |               |                 |             |  |               | Date and Hour of Occurrence   |                          |             | Date and Hour of Discovery |              |           |             |
| Was Immediate Notice Given?                 |               |                 |             |  |               | If YES, To Whom?  |                          |             | 4-4-10 10:30am             |              |           |             |
| Yes ☐ No ☐ Not Required                     |               |                 |             |  |               |   |                          |             |                            |              |           |             |
| By Whom? Kelton Beaird                      |               |                 |             |  |               | Date and Hour 4-5-10 9:46am   |                          |             |                            |              |           |             |
| Was a Watercourse Reached?  ☐ Yes ☒ No      |               |                 |             |  |               | If YES, Volume Impacting the Watercourse.   |                          |             |                            |              |           |             |
| If a Waterson                               | Tura Ima      | pacted, Descri  |             |  |               |   | <u> </u>                 |             |                            |              |           |             |
|   |               |                 |             |  |               |   |                          |             |                            |              |           |             |
|   |               |                 |             |  |               |   |                          |             | ****                       |              |           |             |
|   |               | em and Remed    |             |  |               | of comples  |                          |             |                            |              |           |             |
| Talik Bolloni                               | corroded ca   | ausing icak. I  | iic talik w | as drained and tak                                   | cii out       | OI SEIVICE  |                          |             |                            |              |           |             |
| Describe Are                                | a Affected a  | and Cleanup A   | ction Tak   | en *   |               |   |                          |             |                            |              |           |             |
| Area affected                               | l was inside  | the berms in f  | ront of the | e tanks. A vac-tru-                                  |               |   | up the remaining         | fluids. De  | lineatio                   | n will occur | to det    | ermine the  |
| extent of the                               | contaminati   | on and a clean  | -up plan v  | vill be submitted f                                  | or app        | roval.  |                          |             |                            |              |           |             |
|   |               |                 |             |  |               |   |                          |             |                            |              |           |             |
| I hereby certi                              | fy that the i | oformation give | en above    | is true and comple                                   | ete to t      | he best of my   | knowledge and ur         | derstand th | at nursi                   | ant to NMO   | CD n      | ules and    |
| regulations al                              | l operators a | are required to | report and  | d/or file certain re                                 | lease n       | otifications an   | id perform correct       | ive actions | for rele                   | ases which n | nay en    | ndanger     |
|   |               |                 |             | e of a C-141 repor investigate and rer               |               |   |                          |             |                            |              |           |             |
| or the environ                              | ment. In ac   | ldition, NMO    | CD accept   | ance of a C-141 re                                   |               |   |                          |             |                            |              |           |             |
| federal, state,                             | or local law  | s and/or regul  | ations.     | $\longrightarrow$                                    |               |   | OIL CONS                 | EDVAT       | ION I                      | MICION       | <u></u>   |             |
|   |               |                 |             |  |               | OIL CONSERVATION DIVISION   |                          |             |                            |              |           |             |
| Signature:                                  |               |                 |             |  |               | Approved by Bismed Riperison & Branch   |                          |             |                            |              |           |             |
| Printed Name                                | : Kelton Be   | aird            |             |  |               | Approved by £   | HSHRH Supervise          |             |                            |              |           |             |
| Title: HES Specialist                       |               |                 |             |  |               | Approval DateSEP 1 3 2010 Expiration Date:  |                          |             |                            |              |           |             |
| E-mail Addres                               | ss: kelton b  | eaird@oxy.co    | m           |  |               | Conditions of A   | Approval·                | المحما      |                            | Assorbed 1   | G71       |             |
|   |               |                 |             |  |               | REMEDIATION per OCD Rules and Guidelines. SUBMIT REMEDIATION  Guidelines. SUBMIT REMEDIATION  OCCUPANT SUBMIT REMEDIATION  OCCUPANT SUBMIT REMEDIATION  OCCUPANT SUBMIT REMEDIATION |                          |             |                            |              |           |             |
| Date: 4-6-201<br>Attach Additi              |               | s If Necessar   |             |  | l<br>G        | uidelines. <u>S</u>   | UBMIT REMEL              | 1010        | 1                          |              | <u> </u>  |             |
| MCB 10250                                   |               |                 | •           |  | P             | ROPOSAL B   | UBMIT REVICE Y: SUP 31,2 |             |                            | 0            | <b>KK</b> | P-432       |
|   |               |                 |             |  |               |   |                          | ~           |                            |              |           |             |