District 1 1625 N Fredch Dr., Hobbs, NM 88240 District U 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fc, NM 87505

State of New Mexico Energy Minerals and Natural Resources MAR 31 2011

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Form C-141 tevised October 10, 2003

NMOCD ARTESIA

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

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

| nKmw   | 1109                       | 55820   |  |  | OPERA                  | TOR   |                                      | X Initi                                | al Report                             |   | Final Repor |              |
|--|----------------------------|---|--|--|------------------------|---|--------------------------------------|--|---------------------------------------|---|-------------|--------------|
| Name of Company Linn Energy  |                            |   |  |  |                        | Contact Dennis Potter                           |                                      |  |                                       |   |             |              |
| Address PO Box 69, Loco Hills, NM 88255  |                            |   |  |  |                        | Telephone No. 575 677 2327                      |                                      |  |                                       |   |             |              |
| Facility Name Turner A #55   |                            |   |  |  |                        | Facility Type Oil Well                          |                                      |  |                                       |   |             |              |
| Surface Owner BLM Mineral Owner  |                            |   |  |  |                        | r BLM Lease No. NMLC029395A                     |                                      |  |                                       |   |             |              |
| Surface Owner DEW  |                            |   |  |  |                        | API 30-015-28918                                |                                      |  |                                       |   |             | J/1          |
| L  |                            |   |  | IOCA                                     | TTO                    | N OF DEL  | EACE                                 | ·····                                  | <u> </u>                              |   |             | -Au          |
| Unit Letter  | Section                    | Township                                      | Range  | Feet from the                            |                        | N OF REI  | Feet from the                        | Fast/W                                 | est Line                              | County                                  |             |              |
| Om Lonor   | Section                    | LOWISITE                                      | Range  | r cce iroin the                          | 1101111                |   |                                      |  | , , , sat zame                        |   |             |              |
| <u> </u>   | 18                         | 178   | 31E  |  | <u> </u>               |   |                                      |  |                                       | Eddy                                    |             |              |
|  |                            |   | Latitue  | de 32.8333 Lon                           | igitude                | 103.9014 (1                                     | North Edge of L                      | ocation)                               | )                                     |   |             |              |
|  |                            | ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  |  | URE                    | OF RELI   |                                      | ······································ | · · · · · · · · · · · · · · · · · · · |   | ***         |              |
| Type of Relea  |                            |   | Volume of Release Unknown Volume Recovered Unknown |  |                        |   |                                      |  |                                       |   |             |              |
| Source of Release Injection Well Location, but could possibly be an unauthorized dumping |                            |   |  |  |                        | Date and Hour of Occurrence Unknown Feb 1 (BLM) |                                      |  |                                       |   | covery      |              |
| Was Immediate Notice Given?  |                            |   |  |  |                        | If YES, To Whom?                                |                                      |  |                                       |   |             |              |
| ☐ Yes X No ☐ Not Required  |                            |   |  |  |                        | N/A   |                                      |  |                                       |   |             |              |
| By Whom? N/A   |                            |   |  |  |                        | Date and Hour N/A                               |                                      |  |                                       |   |             |              |
| Was a Watercourse Reached?   |                            |   |  |  |                        | If YES, Volume Impacting the Watercourse.  N/A  |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        | IV/A  |                                      |  |                                       | *************************************** |             |              |
| If a Watercou  | rse was Imp                | pacted, Descri                                | be Fully.*   |  |                        |   |                                      |  |                                       |   |             |              |
| N/A  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
| Describe Caus  | se of Proble               | um and Damer                                  | lial Action  | Takan *                                  |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  | lence inc              | dicates some t                                  | ype of remedial a                    | ction too                              | ik place or                           | n the north a                           | nd east     | sides of the |
| location, how  | ever, no vis               | ible signs of c                               | ontaminat  | ion are present. T                       | he area                | will be deline                                  | ated and a work p                    | olan subr                              | nitted to N                           | MM OCD and                              | d BLM       | for review   |
| and approval.  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
| Describe Area  | Affected a                 | nd Cleanup A                                  | ction Take   | en.*                                     |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   |                                      |  |                                       |   |             |              |
| I banahar aantif   | Si that the in             | Francisco at                                  |  |  |                        |   |                                      |  |                                       | 3.71.7                                  | 5 27 275    |              |
| regulations all  | y mai ine m<br>operators a | normation giv<br>re-remired to                | en above :<br>renort and                           | is true and compt<br>Vor tile certain re | ete to tr<br>elease no | ie best of my f<br>stifications an              | knowledge and und de perform correct | idersland                              | l that purs                           | uant to NM(                             | OCD ru      | les and      |
| public health of   | or the envira              | nament. The                                   | acceptance   | of a C-141 repor                         | rt by the              | NMOCD ma  | rked as "Final Re                    | port" do                               | es not reli-                          | eve the open                            | ator of     | liability    |
| should their or  | perations ha               | ve failed to ac                               | lequately i  | nvestigate and re                        | mediate                | contaminatio                                    | n that pose a three                  | at to gro                              | und water                             | , surface wat                           | er, hun     | ian health   |
| or the environifederal, state, or  |                            |   |  | ance of a C-141 r                        | eport de               | es not relieve                                  | the operator of re                   | sponsibi                               | ility for co                          | ompliance w                             | ith any     | other        |
| rederat, state, t  | or iocal law               | s andror regul                                | A -/   |  |                        |   | OII CONS                             | EDVA                                   | TION                                  | DIVISIO                                 | N           |              |
| Signature: Alenning Latton   |                            |   |  |  |                        | OIL CONSERVATION DIVISION                       |                                      |  |                                       |   |             |              |
|  |                            |   |  |  |                        |   | Signad Ry                            | al                                     | 14 B.                                 | Caletta de 1989                         |             |              |
| Printed Name:  | Dennis Pot                 | ter 🧽   |  |  | -   <i>F</i>           | Approved by I                                   | District Supervisor                  | 1.                                     |                                       | ے میں اس                                | -           |              |
|  |                            |   | *************                                      |  |                        |   |                                      | /                                      |                                       |   |             |              |
| Title: Assistan  | t Production               | n Foreman                                     |  |  | /                      | Approval Date                                   | : 4/5-//                             | U Ex                                   | piration I                            | Date:                                   |             |              |
| E-mail Addres  | e divittare                | linnonorov                                    | N133   |  |                        | andition of                                     | Anneousle                            |  |                                       |   |             |              |
| u-man Angres   | ы принен <u>а</u>          | mmenergy.cc                                   | 71 f l   |  |                        | Conditions of .<br>Remed                        | Approval:<br>liation per OC          | רוים ח                                 | ıς <b>Ω</b> .                         | Attached                                |             |              |
| Date: 30Mar1   | A DESCRIPTION OF STREET    | Phone: 505 2(                                 |  |  |                        |   | SUBMIT REN                           |  |                                       |   |             |              |
| Attach Additi  | onal Sheet                 | s If Necessa                                  | ry   |  |                        |   |                                      |  | IUN                                   |   | 10          | 17/20        |
|  |                            |   |  |  | ,                      | MUPUSAL   | NOT LATER 1                          | HAN:                                   |                                       | ت                                       | / /C/       | 0.713        |