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

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

Form C-141

Revised October 10, 2003

| Release  | Notification | and Corrective | Action |
|----------|--------------|----------------|--------|
| INCICASC | nouncation   | and Corrective | ACHUII |

|   |  |                |            |                       |                | OPERA  | ГOR               |                                       | Initi     | al Report    | $\boxtimes$ | Final Repor |
|---|--|----------------|------------|-----------------------|----------------|--|-------------------|---------------------------------------|-----------|--------------|-------------|-------------|
| Name of Co  | mpany  | Oxy USA        |            |                       |                |  | usty Wilson       | · · · · · · · · · · · · · · · · · · · |           |              |             |             |
| Address 10  |  |                | Hobbs N    | М                     |                | Telephone N                                      | No. (575) 397-8   | 3247                                  |           |              |             |             |
| Facility Name Jones Canyon 4-5  |  |                |            |                       |                | Facility Type Gas Well                           |                   |                                       |           |              |             |             |
| Surface Owner Federal Mineral Owner   |  |                |            |                       | wner           | Lease No. 30-015-                                |                   |                                       |           |              |             |             |
| LOCATION OF RELEASE APL#30-015-28305  |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| Unit Letter   | Section  | Township       | Range      | Feet from the         | North          | n/South Line Feet from the East/West Line County |                   |                                       |           |              |             |             |
| G   | 4  | 25S            | 24E        |                       |                | Eddy   |                   |                                       |           |              |             |             |
| LatitudeLongitude   |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| NATURE OF RELEASE   |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| Type of Relea   | ase Produc   | ced water      | = -        |                       |                | Volume of  | Release 50 bl     | bls                                   | Volume I  | Recovered    | 2 bbls      |             |
| Source of Re  | lease Che  | ck Valve       |            |                       |                | Date and H                                       | lour of Occurrent | ce I                                  | Date and  | Hour of Disc | covery:     |             |
| Was Immedia   | ate Notice C   |                |            |                       |                | If YES, To Whom?                                 |                   |                                       |           |              |             |             |
|   |  | $\bowtie$      | Yes _      | No 🗌 Not Rec          | quired         | Mike Bratcher- NMOCD, Terry Gregston-BLM         |                   |                                       |           |              |             |             |
| By Whom? Kelton Beaird- Oxy   |  |                |            |                       | Date and H     |  | , ,,,,,           |                                       |           |              |             |             |
| Was a Watercourse Reached?  |  |                |            | I.                    | lume Impacting | the Watero                                       | course.           |                                       |           |              |             |             |
|   |  |                | Yes 🗵      |                       |                | N/A RECEI  |                   |                                       |           |              |             | ED L        |
| If a Watercou   | ırse was İm  | pacted, Descr  | ibe Fully. | *                     |                |  |                   |                                       |           |              |             |             |
| N/A   |  |                |            |                       |                |  |                   |                                       |           | JAN 1        | 11 20       | J1Z         |
|   |  |                |            |                       |                |  |                   |                                       |           | VMOCD        | ΔRT         | FSIA        |
| Describe Cau  | se of Proble   | em and Reme    | dial Actio | n Taken.*             |                |  |                   |                                       |           | \$19100D     | / () ( )    | LONG        |
|   |  |                |            |                       | illed to       | o location.                                      | Remediation co    | omplete as                            | s descrit | oed in the O | CD an       | d BLM       |
| Check valve busted. Well was shut-in; vacuum truck was called to location. Remediation complete as described in the OCD and BLM approved remediation plans.   |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| Dans: 11 A  | - A CC41   | and Classics   | A4' T1     | *                     |                |  |                   |                                       |           |              |             |             |
|   | Describe Area Affected and Cleanup Action Taken.*  Fluid run from the vessel South through the location and into the posture appre. 1000 ft. Clean up was performed by executating the improved soil and |                |            |                       |                |  |                   |                                       |           |              | nil and     |             |
| Fluid ran from the vessel South through the location and into the pasture apprx. 1000 ft. Clean up was performed by excavating the impacted soil and backfilling the site with clean soil. Confirmation sampling was performed and results were provided to the BLM and NMOCD. Closure was granted on         |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| 10/22/2011 by   | y the BLM.   | Remediation    | approval   | was granted by the    | e NMC          | OCD on 07/14/                                    | /2011.            |                                       |           |              |             |             |
|   |  |                |            | e is true and comple  |                |  |                   |                                       |           |              |             |             |
|   |  |                |            | nd/or file certain re |                |  |                   |                                       |           |              |             |             |
| 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 enviror  | nment. In a  | ddition, NMC   | OCD accep  | stance of a C-141 re  |                |  |                   |                                       |           |              |             |             |
| federal, state,   | or local lav   | ws and/or regu | ılations.  |                       | <del></del>    |  | OV 2023           | IOEDT!!                               |           |              |             |             |
| 11.9//  |  |                |            |                       |                | OIL CONSERVATION DIVISION                        |                   |                                       |           |              |             |             |
| Signature: Ja Ja  |  |                |            |                       |                |  |                   |                                       |           |              |             |             |
| Printed Name: Duety Wilson  |  |                |            |                       |                | Approved by District Supervisor:                 |                   |                                       |           |              |             |             |
| Title: HES Specialist   |  |                |            |                       |                | Approval Date: 4/24/18 Expiration Date: 1/14     |                   |                                       |           |              |             |             |
| E-mail Addre  | ss: Dusty  |                | xy.com     |                       |                | Conditions of                                    | Approval:         |                                       | 1         | A            | ,           |             |
| Date: /2 -  |  |                |            | (575) 397-8210        |                |  | Fi                | nel                                   | Ų –       | Attached     |             |             |
| Attach Addit  |  |                |            |                       |                |  |                   | - <del> </del>                        |           | ZRF          | >_7         | 762         |