<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources

Submit 2 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

Form C-141 Revised October 10, 2003

| . j   |  |               | Rele       | ease Notific      | cation      | and Co   | rrective A                               | ction                      |             |                 |           |                |  |
|---|--|---------------|------------|-------------------|-------------|--|--|----------------------------|-------------|-----------------|-----------|----------------|--|
| Kmw/  | 10614  | OPERATOR 🖂    |            |                   |             | al Report  |  | Final Re                   |             |                 |           |                |  |
| Name of Company OXY USA 192463                    |  |               |            |                   |             | Contact Kelton Beaird  |  |                            |             |                 |           |                |  |
|   |  |               |            |                   |             | Telephone No. (O) 575-628-4100 Facility Type Production Facility |  |                            |             |                 |           |                |  |
|   |  | Basin Statio  | 11 128     |                   | 1           | acimy typ  | e Production F                           | acility                    |             |                 |           |                |  |
| Surface Owner Mineral Owner                       |  |               |            |                   |             | Lease No. API # 3001532875                                       |  |                            |             |                 |           |                |  |
|   |  |               |            | LOCA              | ATION       | OF REI   | EASE                                     |                            |             |                 |           |                |  |
| Unit Letter                                       | Init Letter   Section   Township   Range   Feet from the   No. |               |            |                   |             |  | th/South Line   Feet from the   East/Wes |                            |             | t Line   County |           |                |  |
| F   | 28   | 218 -         | 24E        |                   |             |  |  |                            |             | Eddy            |           |                |  |
|   |  |               | La         | titude            |             | _ Longitud   | c  |                            |             |                 |           |                |  |
|   |  |               |            | NAT               | CURE        | OF RELI  | EASE                                     |                            |             |                 |           |                |  |
| Type of Rele                                      | Type of Release Oil and Produced Water                         |               |            |                   |             |  |  |                            |             |                 | 0         |                |  |
| Source of Release Steel line                      |  |               |            |                   |             |  |  | Date and Hour of Discovery |             |                 |           |                |  |
| Was Immedia                                       | ate Notice (   | Given?        |            |                   |             | If YES, To   | Whom?                                    |                            | 2-6-11 (a   | 8:00 am 7       |           |                |  |
| was annean  | ine monee (  |               | Yes 🗌      | No 🗌 Not Re       | equired     |  | her-Left Messag                          | e, Terry (                 | Gregston-   | -BLM            |           |                |  |
| By Whom? Kelton Beaird-Oxy                        |  |               |            |                   |             | Date and Hour See above  |  |                            |             |                 |           |                |  |
| Was a Watercourse Reached?  ☐ Yes ☒ No            |  |               |            |                   |             | If YES, Volume Impacting the Watercourse.                        |  |                            |             |                 |           |                |  |
| If a Watercourse was Impacted, Describe Fully.*   |  |               |            |                   |             |  |  |                            |             | RECE            | IVE       | $\overline{n}$ |  |
|   |  | ,             | ·          |                   |             |  | -013.107.                                | (T111888                   |             |                 |           | .,,,           |  |
|   |  |               |            |                   |             |  |  | 1                          |             | FEB 2           | 5 2011    |                |  |
| Describe Cau                                      | ise of Probl   | em and Reme   | dial Actio | n Taken.*         |             |  |  |                            | ALI         | MOCD            | ARTE      | SIA            |  |
|   |  |               |            |                   | e closest v | well, which is   | s Indian Hills 53.                       | k <b>*</b>                 | 141         | MOOD            |           | لنتيت          |  |
|   |  |               |            |                   |             |  |  |                            |             |                 |           |                |  |
|   |  | and Cleanup   |            |                   | .14         | 1(1  | 1:40                                     |                            |             |                 | 1.11      | 1 1 -          |  |
|   |  |               |            |                   |             |  | and into the past<br>the pasture, apply  |                            |             |                 |           |                |  |
|   |  |               |            |                   |             |  |  |                            |             |                 |           |                |  |
|   |  |               |            |                   |             |  | knowledge and u                          |                            |             |                 |           |                |  |
| public health                                     | or the envi  | ronment. The  | acceptan   | ce of a C-141 rep | ort by the  | NMOCD m  | arked as "Final R                        | eport" de                  | es not re   | lieve the ope   | erator of | liability      |  |
| should their c                                    | operations h   | ave failed to | adequately | investigate and   | remediate   | e contaminati  | on that pose a thr                       | eat to gro                 | ound water  | er, surface w   | ater, hu  | man healtl     |  |
|   |  |               |            | otance of a C-141 | report de   | oes not reliev   | e the operator of                        | responsit                  | ollny for o | compliance      | with any  | other          |  |
| federal, state, or local laws and/or regulations. |  |               |            |                   |             | OIL CONSERVATION DIVISION  |  |                            |             |                 |           |                |  |
| Signature:  | -//  | 1)/           | $\wedge$   |                   |             |  |  |                            |             |                 |           |                |  |
| Signature.  | 11.  |               | 1          |                   |             | Approved by  | Signed<br>District Supervis              | By A                       | 1/4         | Benen           | 22        |                |  |
| Printed Name                                      | e: Kelton F  | Beaird        |            |                   |             | -tpinoved by   | Disdict Supervis                         | ····                       |             |                 |           |                |  |
| Title: HES S                                      | Specialist   |               |            |                   |             | Approval Da  | te: 3/9/1/                               | E                          | xpiration   | Date:           |           |                |  |
| F-mail Addre                                      | ess: kelton  | beaird@oxy.   | com        |                   |             | Conditions o   | f Approval:                              |                            |             |                 |           |                |  |
|   |  | community.    |            |                   |             |  | diation per OC                           | D Rule:                    | s &         | Attache         | d 📋       |                |  |
| Date: 2-15-11                                     |  |               |            |                   |             | Guidelines SUBMIT REMEDIATION                                    |  |                            |             |                 |           |                |  |
| Attach Additional Sheets If Necessary             |  |               |            |                   |             |  | L NOT LATER                              | THAN:                      |             | 2RF             | ) /0      | 29             |  |