State of New Mexico Energy Minerals and Natural Resources

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

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

| 1220 S. St. Fran            | cis Dr., Santa  | a Fe, NM 87505                | i          | Sa                                    | nta Fe                                     | , NM 875  | 05                         |                    |             |                  |                     |  |
|-----------------------------|---|-------------------------------|------------|---------------------------------------|--|---|----------------------------|--------------------|-------------|------------------|---------------------|--|
|                             |   |                               | Rel        | ease Notific                          | ation                                      | and Co  | orrective A                | ction              |             |                  |                     |  |
|                             |   |                               |            |                                       |  | <b>OPERA</b>  | TOR                        |                    | ] Initia    | l Report         | Final Report        |  |
| Name of Company Oxy USA     |   |                               |            |                                       |  |   | Contact Tiffney Burkham    |                    |             |                  |                     |  |
| Address 1502 W Commerce     |   |                               |            |                                       |  |   | Telephone No. 575-628-4116 |                    |             |                  |                     |  |
| Facility Nar                | ne Ridge I  | Runner 7 Sta                  |            | Facility Type                         |  |   |                            |                    |             |                  |                     |  |
| Surface Ow                  | ner   |                               | wner       | A                                     |  |   |                            | API No. 3002541646 |             |                  |                     |  |
|                             |   |                               |            | I                                     |  |   | EASE                       |                    |             |                  |                     |  |
| Unit Letter                 | LOCATION OF RELEASE   Jnit Letter Section Township Range Feet from the North/South Line Feet from the East/West Line County |                               |            |                                       |  |   |                            |                    |             |                  |                     |  |
|                             |   | -                             | -          |                                       |  |   |                            |                    |             |                  |                     |  |
| L                           | 7   | 22S                           | 33E        |                                       |  |   |                            |                    |             | Lea              |                     |  |
|                             |   |                               |            |                                       |  |   |                            |                    |             |                  | =                   |  |
|                             |   |                               | La         | titude                                |  | _ Longitud  | le                         |                    |             |                  |                     |  |
|                             |   |                               |            | NAT                                   | URE  | OF REL  | EASE                       |                    |             |                  |                     |  |
| Type of Relea               |   |                               |            | Volume of Release 11,200 MCF Volume R |  |   |                            |                    |             |                  |                     |  |
| Source of Release           |   |                               |            |                                       |  | Date and Hour of Occurrence Date and Hour 8/12/2015 |                            |                    | Hour of Dis | our of Discovery |                     |  |
| Was Immediate Notice Given? |   |                               |            |                                       |  | If YES, To Whom?                                    |                            |                    |             |                  |                     |  |
|                             |   |                               | Yes [      | No 🗌 Not Re                           | equired                                    |   |                            |                    |             |                  |                     |  |
| By Whom? Tiffney Burkham    |   |                               |            |                                       |  | Date and Hour                                       |                            |                    |             |                  |                     |  |
| Was a Watercourse Reached?  |   |                               |            |                                       |  | If YES, Volume Impacting the Watercourse.           |                            |                    |             |                  |                     |  |
| If a Watercou               | irse was Im   | pacted, Descr                 | ibe Fully  | *                                     |  |   |                            |                    |             |                  |                     |  |
|                             |   | puetes, beber                 |            |                                       |  | RF  | CEIVED                     |                    |             |                  |                     |  |
|                             |   |                               |            |                                       |  |   | OCD Distric                |                    | -52 n       |                  | 21 2015             |  |
|                             |   | _                             |            |                                       |  | Бу  |                            |                    |             | n, Aug           | 31, 2013            |  |
| Describe Cau                | se of Probl   | em and Reme                   | dial Actio | n Taken.*                             |  |   |                            |                    |             |                  |                     |  |
|                             |   |                               |            |                                       |  | AP  | PROVE                      |                    |             |                  |                     |  |
| DCP Compre                  | ssor down.  |                               |            |                                       | By OCD District 1 at 2:53 pm, Aug 31, 2015 |   |                            |                    |             |                  |                     |  |
|                             |   | and Cleanup /                 | Action Tal | ken.*                                 |  |   |                            |                    |             |                  |                     |  |
|                             |   |                               |            |                                       |  |   |                            |                    |             |                  |                     |  |
|                             |   |                               |            |                                       |  |   |                            |                    |             |                  |                     |  |
| L hereby certi              | fy that the   | information a                 | van abov   | e is true and comp                    | lata to ti                                 | he hast of mu                                       | knowledge and y            |                    | that muse   | uent to NIM      |                     |  |
|                             |   |                               |            | nd/or file certain r                  |  |   |                            |                    |             |                  |                     |  |
| public health               | or the envi   | ronment. The                  | acceptan   | ce of a C-141 repo                    | ort by the                                 | e NMOCD m   | arked as "Final R          | eport" does        | s not reli  | eve the ope      | erator of liability |  |
|                             |   |                               |            |                                       |  |   |                            |                    |             |                  | ater, human health  |  |
|                             |   | ws and/or regi                |            | ptance of a C-141                     | report d                                   | oes not renev                                       | e the operator of          | responsibil        | inty for c  | omphance         | with any other      |  |
|                             | $\Lambda$   | 1                             | 1          |                                       | OIL CONSERVATION DIVISION                  |   |                            |                    |             |                  |                     |  |
| Signature:                  | 141   | INDIAK                        | MIX        | hairn                                 | .  |   |                            |                    |             |                  |                     |  |
|                             |   | - y - C                       |            |                                       | Approved by Environmental Specialist:      |   |                            |                    |             |                  |                     |  |
| Printed Name                | : Tiffnely E  | Surkhando                     |            |                                       |  |   |                            |                    |             |                  |                     |  |
| Title: HES A                | dministrati   | ve Assistant                  |            |                                       | Approval Date: 08/31/2015 Expira           |   |                            | piration           | tion Date:  |                  |                     |  |
| E-mail Addre                | ss: Tiffney   | _burkham@o                    | xy.com     |                                       |  | Conditions of Approval:                             |                            |                    |             |                  |                     |  |
|                             |   |                               |            |                                       |  | //  |                            |                    |             | Attached         | —                   |  |
|                             |   | 575-628-4116<br>ets If Necess |            |                                       |  |   |                            |                    |             | nKI15243         |                     |  |

nKJ1524353806 pKJ1524354026