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

			Rel	ease Notifi	catio	n and Co	orrective A	ction					·
						<b>OPERA</b>	TOR		🛛 Initi	al Report	П	Final R	lepor
Name of Company: Dakota Resources Inc						Contact: Joe Bob Jones							
Address: 4914 N Midkiff Midland TX						Telephone No. 432 697 3420							
Facility Name: Midway SWD or New Mexico EX St #2						Facility Type: SWD Battery							
Surface Owner: Mineral Owne						······································			Lease No.				
				LOC	ATIO	N OF RE	LEASE						
Unit Letter Section Township Range Feet from the						orth/South Line Feet from the			East/West Line County				
B	175	17S 37E 330		N		1980	E		Lea				
			La	titude		Longitud	le						
NATURE OF RELEASE													
Type of Release Tank leak within plastic lined burmed facility							Volume of Release 5 bbls Volume Recovered 0 bbls						
Source of Release 8" connection between steel unload tanks						Date and Hour of Occurrence Date and Hour of Discover							
Was Immediate Notice Given?							If YES, To Whom?						
☐ Yes ⊠ No ☐ Not Required							-		· · · · · · · · · · · · · · · · · · ·				
By Whom? Was a Watercourse Reached?							Date and Hour						
☐ Yes ⊠ No						If YES, Volume Impacting the Watercourse.							
If a Watercou	irse was Im	pacted, Descri	be Fully.*	k			CEIVED						
							Kellie Jones	s at 1'	2.58 n	m Oct 2	0 20	015	
						Dy		5 at 12	2.00 pi	<i>II,</i> OCI 2	3, 20		
Describe Cause of Problem and Remedial Action Taken.*													
An 8" connection line between the two 'unload' tanks was the original cause of the leak. The leak has been fixed.													
Describe Area	a Affected a	nd Cleanup A	ction Tak	en.*									
The tanks wil	l be emptied	t and cleaned	Then Or	iain Salutione wi	Bannh	hydrogenhan	consuming microl	haa and u				10.1	
additional app	dication of	microbes will	be made.	After 7-10 days	the affe	cted area will	be tested to confi	pes and p rm hydro	oressure w	ash facility,	Atter - d and tl	48 hrs an hen the	
facility within	the burm v	vill be resurfa	ced.										
I hereby certif	ly that the in	oformation giv	ven above	is true and comp	lete to t	he best of my	knowledge and u	nderstand	d that purs	uant to NM	OCD ri	iles and	
regulations al	l operators a	are required to	report an	d/or file certain r	elease n	otifications ar	nd perform correct	tive actic	ons for rele	eases which	may en	danger	
should their o	perations ha	onnent. The	acceptane decuateiv	investigate and p	ort by 111 amadiat	e NMOCD m	arked as "Final Re on that pose a thre	eport" do	es not reli	eve the oper	ator of	liability	.
or the environ	ment. In ad	dition, NMO	CD accept	tance of a C-141	report d	oes not relieve	e the operator of r	esnousib	uliu water	, surface wa	ter, hui	nan healt	n
federal, state,	or local law	s and/or regu	lations.					Coponsio			un any	other	
0 0-0						OIL CONSERVATION DIVISION							
Signature:	be a	C ( /2											
		-		Approved by District Supervisor:									
Printed Name	: Joe Bob Jo	ones					•	- Pe	44	3			
Title: Operatio	ons Manage	r				Approval Dat	e: 10/29/2015	E	xpiration 1	Date: 12/2	29/2015		
E-mail Address: jbj@dakotares.com						Conditions of	Approval						
						Site samples required. Delineate and remediate Attached							
Date: 10/29/2015 Phone:432 697 3420						as per MNOCD guides. Geotag photographs of 1RP-3947							
Attach Additi	ional Sheet	s If Necessa	ľV			remediation required.							