Form C-141 Revised April 3, 2017

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.

	Salita FC, INVI 87505												
			Rele	ease Notific	atior	n and Co	orrective A	ction					
					OPERATOR			Initial Report X Final Report					
Name of Co	mpany C	onocoPhilli	any		Contact Ne								
Address 16				'	Telephone No. 832-486-2425								
Facility Nar	ne Lockh	art B-28 #6	56)		Facility Type Oil and Gas								
Surface Ow	ner Fee		Mineral C	wner 1	BLM		Lease No. NM-90162						
			LOCA	TIO	N OF REI	LEASE	30-025-04814						
Unit Letter								West Line County					
Α	28	218	36E	1650	South		1650	East		Lea			
Latitude <u>N 32.455505</u> Longitude <u>W -103.263912</u> NAD83													
NATURE OF RELEASE													
Type of Rele					Volume of Release 22 bbl			Volume Recovered 15 bbl					
Source of Release Flowline						Date and Hour of Occurrence 7/17/2004 0500			Date and Hour of Discovery 7/17/2004 0800				
Was Immedia	ate Notice (Given?			If YES, To		1111/2004 0000						
		Yes	Not Required		N/A								
By Whom? N					Date and Hour N/A								
Was a Water	course Read		NT		If YES, Volume Impacting the Watercourse.								
			Yes X	No		N/A							
If a Watercou	ırse was Im	pacted, Desci	ribe Fully.	*									
N/A APPROVED													
By Olivia Yu at 8:05 am, Apr 11, 2018													
						Бу	Olivia fu	al o	US all	i, Apr i	I, Z	010	
Describe Cau													
				te to a 3" poly flow measured approxi									
				o back drag the we									
TPH, BTEX,													
Describe Are	a Affaatad	and Cleanup	Action Tal	con *									
				ls, a closure report	was sul	bmitted to the	NMOCD and ap	proved.					
				-			-	-					
				e is true and comp									
				nd/or file certain received of a C-141 repo									
				investigate and r									
				ptance of a C-141									
federal, state,	or local lav	ws and/or reg	ulations.				_						
(Q =	カ			OIL CONSERVATION DIVISION								
k	1451	50	_						a				
Signature:	Al	/			Approved by Environmental Specialist:								
Printed Name	Crog Do	no (A cont fo					-	(
Printed Name	. Greg Po	pe (Agent IO	1			4/11/201	Q	<u> </u>		x/xx	vv		
Title: Project	t Manager	, Tetra Tech			Approval Dat	e: [4/11/201	• I	Expiration	Date:	. Λ/ ΧΧ	^^		
E-mail Addre	ess: greg.po	ope@tetratec			Conditions of Approval:								
E-mail Address: greg.pope@tetratech.com						The second se				Attached			
Date: 04/10/2018 Phone: 432-682-4559													

* Attach Additional Sheets If Necessary

