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.

			Rele	ease Notifi	icatio	n and Co	orrective A	ction				
						OPERATOR 🛛				al Report	Final	Report
Name of Comp		Contact Clyde Wilhoit										
Address 303 W	/	Telephone No. 432.425.4137										
Facility Name	t South Bat	Facility Type Flowline										
Surface Owner	Inc.	Federal API No				. 30-025-43077						
						N OF RE						
Unit Letter Se		Township 20-S	Range 34-E	Feet from the	North	/South Line	Feet from the	East/West Line		County Lea		
		Latitude_	Lo				NAD83					
				NA	TURE	OF REL	EASE					
Type of Release						Recovered 60 BBL						
Source of Releas	ne	Date and Hour of Occurrence			Date and Hour of Discovery 8/18/18							
Was Immediate 1	iven?	8/18/18 5:00 AM 5:00AM 5:00AM										
			Yes 🗌	No 🗌 Not H	Required							
By Whom?		Date and Hour										
Was a Watercour	ned?		olume Impacting	the Waterco	ourse.							
Describe Cause of Semi truck struck Describe Area Af Flowline sprayed and remediated a	k flow lin	ne. Well was and Cleanup A mately 60'x1	shut in an	d line was repair			Hernandez d. Mico Blaze wi					ed
I hereby certify th regulations all op public health or the should their opera or the environment federal, state, or l	perators a the enviro ations ha ent. In ad	re required to onment. The ve failed to a dition, NMO	o report ar acceptanc dequately CD accep	d/or file certain e of a C-141 rep investigate and	release r oort by th remediat	otifications a e NMOCD m e contaminati	nd perform correct arked as "Final R on that pose a thr	ctive action leport" does reat to groun	s for rele not relind water	eases which eve the oper , surface wa	may endanger ator of liability ter, human hea	y I
			OIL CONSERVATION DIVISION									
Signature:	4 Jul					\sim	1.1					
Signature: Myde Wilheit Printed Name: C/yde Wilhoit						Approved by Environmental Specialist:						
Title: Main Yange Ce Forman						Approval Date: 8/21/2018 Expiration Date:						
E-mail Address:	cwij	hoix f	m	Conditions of Approval:				Attached				
			4/3	NMAC 19.15.29 effective August								
Date: 8 - 20 - 18 Phone: ¥32-425-413 Attach Additional Sheets If Necessary 1RP-5167						characterization before any				nCH1823355359		
	pCH1823355621						significant remediation.					