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.

## **Release Notification and Corrective Action**

|                                                      | OPERATOR                       | Initial Report   | Final Report |
|------------------------------------------------------|--------------------------------|------------------|--------------|
| Name of Company Devon Energy Production Co LP (6137) | Contact Stephen Richards, Devo | on Water Foreman |              |
| Address 6488 Seven Rivers Hwy Artesia, NM 88210      | Telephone No. 575-252-3717     |                  |              |
| Facility Name Billiken 7 Fed 1H                      | Facility Type Oil Well         |                  |              |
|                                                      |                                |                  |              |

| Surface Owner Federal |
|-----------------------|
|-----------------------|

Mineral Owner Federal

API No. 30-025-42687

## LOCATION OF RELEASE

| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| М           | 12      | 26S      | 34E   | 30            | South            | 443           | East           | Lea    |

Latitude\_32.050688 N \_ Longitude-103.429337 W

## NATURE OF RELEASE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Volume of Release                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Volume Recovered                                                                                                                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Produced Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 150 barrels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100 barrels                                                                                                                                                                                                                                       |  |  |  |
| Source of Release                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date and Hour of Occurrence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date and Hour of Discovery                                                                                                                                                                                                                        |  |  |  |
| Lay Flat Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4/20/17, 2:10 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4/20/17, 2:10 PM                                                                                                                                                                                                                                  |  |  |  |
| Was Immediate Notice Given?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If YES, To Whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                   |  |  |  |
| 🛛 Yes 🗌 No 🗌 Not Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d BLM: Shelly Tucker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OCD: Olivia Yu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |  |  |  |
| By Whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date and Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                   |  |  |  |
| Brett Fulks, EHS Professional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BLM: 4/20/17, 7:35 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OCD: 4/20/17, 7:30 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |  |  |  |
| Was a Watercourse Reached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If YES, Volume Impacting the Watercourse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   |  |  |  |
| 🗌 Yes 🖾 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |  |  |  |
| If a Watercourse was Impacted, Describe Fully.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| 1 1/2 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | By Olivia Yu at 9:42 am, Nov 16, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |  |  |  |
| Describe Cause of Problem and Remedial Action Taken.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| While transferring produced water from a frac pond to the location, the B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ooster pump #2 over pressured and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e lay flat hose ruptured. A 2 inch hole                                                                                                                                                                                                           |  |  |  |
| developed and released produced water on the ground. The pump was shu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |  |  |  |
| Describe Area Affected and Cleanup Action Taken.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| The spill area affected is approximately 40' x 20' running East and West l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | beginning about 100 feet West of the F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ragin Cajun 12 Fed #3H wellpad. A central                                                                                                                                                                                                         |  |  |  |
| location of the spill is Lat - 32.050688 N, Long103.429337 W and is a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| estimated 150 barrels of treated produced water was spilled, a vacuum tru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ck was dispatched, and 100 barrels wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s recovered. Etech Environmental &                                                                                                                                                                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |  |  |  |
| Safety Solutions mobilized personnel to the site to conduct a site assessme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent and vertical/horizontal delineation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of the impacted area. Remediation of the                                                                                                                                                                                                          |  |  |  |
| Safety Solutions mobilized personnel to the site to conduct a site assessme<br>impacted soil was carried out in accordance to the NMOCD and BLM gui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of the impacted area. Remediation of the                                                                                                                                                                                                          |  |  |  |
| impacted soil was carried out in accordance to the NMOCD and BLM gui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | delines and stipulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   |  |  |  |
| impacted soil was carried out in accordance to the NMOCD and BLM gui<br>I hereby certify that the information given above is true and complete to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | delines and stipulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nd that pursuant to NMOCD rules and                                                                                                                                                                                                               |  |  |  |
| impacted soil was carried out in accordance to the NMOCD and BLM gui<br>I hereby certify that the information given above is true and complete to the<br>regulations all operators are required to report and/or file certain release n                                                                                                                                                                                                                                                                                                                                                                                                                                    | delines and stipulations.<br>ne best of my knowledge and understa<br>otifications and perform corrective act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd that pursuant to NMOCD rules and ions for releases which may endanger                                                                                                                                                                          |  |  |  |
| impacted soil was carried out in accordance to the NMOCD and BLM guides.<br>I hereby certify that the information given above is true and complete to the regulations all operators are required to report and/or file certain release in public health or the environment. The acceptance of a C-141 report by the                                                                                                                                                                                                                                                                                                                                                        | delines and stipulations.<br>ne best of my knowledge and understa<br>otifications and perform corrective act<br>e NMOCD marked as "Final Report" of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nd that pursuant to NMOCD rules and<br>ions for releases which may endanger<br>loes not relieve the operator of liability                                                                                                                         |  |  |  |
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Date:08/14/18Phone:575-748-3371\* Attach Additional Sheets If Necessary

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