District I 1625 N. French Dr , Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

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

Form C-141 Revised March 17, 1999

Submit 2 Copies to appropriate District Office in accordance with Rule 116 on back side of form

| Initial Report | Final Report

Release Notification and Corrective Action

O	PERAT	TOR		🔀 Init	ial Rep	port 🚅	Final Report	
Name of Company	Contact □ Roger Hernandez							
Devon Energy Production Company, LP								
Address. Box 250, Artesia, NM 88211	Telephone No. □(505) 748-3371							
Facility Name Outland State Un 1Y	H	Facility T	ype□ Produci	ing Gas	Well	3002	534818000	
Surface Owner Minera	r			Lease	N o.□			
(2/10)/	ON OF RELEASE 30 0 45 35661							
Unit Letter Section Township Range Feet from the		South Line	Feet from the	East/We				
12 021S 034 638	South		739	West Lea County, NM				
NA	TURE	OF RELI	EASE					
Type of Release Produced Water		Volume of						
Source of Release 500 bbl Produced Water Tank		Date and H 7-21-07 4:	our of Occurrenc		Date and 27-21-07	Hour of Disc	overy	
Was Immediate Notice Given?		If YES, To		1 /	-21-0/ -	4.00 F W		
☐ Yes ☐ No ☐ Not I	Required		on - NMOCD					
By Whom? ☐ Roger Hernandez			lour□ July 23, 20		M	21282330		
Was a Watercourse Reached?		If YES, Vo	lume Impacting t	the Waterc	ourse.	327 20 20 30	37	
☐ Yes ⊠ No		IN/A			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	F70.0	23	
If a Watercourse was Impacted, Describe Fully.*				i	(22232	Sqqoji	ω\ Δ	
N/A					22		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		,		1	2	1002 100	~ ~ /	
Describe Cause of Problem and Remedial Action Taken.*				,	100	. 0	89/	
Tank battery was struck by lightening resulting in fire and dama	ged 500 bl	bl stock tank	and produced wa	iter tank. re	esulting i	in a 60 bbl pro	oduced water spill.	
Stock tank was empty.	J		1		` *	(19181418	121	
* NA	ED CT	11 ND 1 TV	USTUCO	TOF				
Describe Area Affected and Cleanup Action Taken.*	<u>40 C1</u>	icus	<u> </u>			COD C	ATI COS	
All water was contained inside berm.	EGO -	TO DE	TEDALINE	DEP	T4 0	E CON	CAST SHE WINDERS	
	HON	6 0 F I	2424		.,,		or Aure or was re	
(PZIDX	5 06 5	SEKM					
I hereby certify that the information given above is true and com	plete to th	ne best of my	knowledge and u	ınderstand	that purs	suant to NMC	OCD rules and	
regulations all operators are required to report and/or file certain	release no	otifications a	nd perform correct	ctive action	ns for rel	eases which r	nay endanger	
public health or the environment. The acceptance of a C-141 reshould their operations have failed to adequately investigate and	port by the	NMOCD m	arked as "Final R	leport" doe	es not rela	ieve the opera	er human health	
or the environment. In addition, NMOCD acceptance of a C-14								
federal, state, or local laws and/or regulations.								
			OIL CON	SERVA			<u>N</u>	
Signature. Rogy Herr		WITTA		است	Offir.	3er		
7 0 -			©District ENNYM	⊐MINT©	NTAI '	ENGINEE	۱ ا	
Printed Name: Roger Hernandez			FIAA ()	I O I MINI L.	K4C(17 \ ⊏	mi a Oill Ameri	•	
Title: Production Foreman		Approval Date. 10-24-87 Expiration Date: 12-31-87						
Date: 0.11.07 Dhone:740.5329	T_{i}	Conditions of Approval: SEE X FOR Attached						
Date: 9-11-07 Phone:748-5238 * Attach Additional Sheets If Necessary		Conditions of	Approvai:	左一大	1.40		- OH1 -2	
Attach Additional Shocts II Necessary		_	(-20	wire	U 1945		Q17165	
		24BI	MT DELLI	utas ca	ar a	거 ^	110	



Incident Report Form

Units

Version date: 11/18/2004

Involvement Property Only Fire, Spill Fire, Spill

1. Reporting Information	Devon Super	rvisor:	Roger Hernandez	- 40	Office Phone:	505-748-	-3371 Cell F	hone: 505-	748-5238
and the second s		Report	Time (am / pm):		6:28:00 PN	1	****	2000	, ,
Name and Title Reporting:	Roger Herna	ndez, Pr	oduction Foreman	4	Phone:	505-7	48-0169		
Name and title of person that discove	ered the incider	nt:	Eŭnice Fire Depart	mer	nt 🤼				
Time and date incident discovered/or	ccurred:	Date:	July 21, 2007	· · · · ·	Time (am	/ pm):	4:00	PM	

2. Summary of What Happened?

Tank battery was struck by lightening resulting in fire and damaged 500 bbl stock tank and produce water tank. Resulting in a 60 bbl produce water spill. Stock tank was empty:

Working Activity:
Incident Related To:

Operations - Production
None of the above

3. Contractor Information

Contractor Co. Name:	,	100	3.16 (T 187)		(4) /// (23)/c .		/40 ·			grade (State
Address:	V		N. P	70. 33	· ·) <u>*</u>
Contact		. 856.0	9. Š.	- 17	Phone:	~~~~~ <u>~~~</u>		Title	: ***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

4. Location

State: N.M Area/Blk#: Country: U.S Country: Qtr./Qtr Sec.: Section: To	OCSG #: Pipeline/Well #: 1Y County/Parish: Lea_N.M Downship: Range: Latitude: Rig#:								
Qtr./Qtr Sec.: Section: To Longitude: L Nearest Town, (name, distance and direction from incident): 5. Injury/Illness (Employee Or Contractor): Name of Affected: Work Telephone #: Home #:	ownship: Range: Latitude: Rig#:								
Longitude: Nearest Town, (name, distance and direction from incident): 5. Injury/Illness (Employee Or Contractor): Name of Affected: Work Telephone #: Home #:	Latitude: Rig#:								
Nearest Town, (name, distance and direction from incident): 5. Injury/Illness (Employee Or Contractor): Name of Affected: Work Telephone #: Home #:	A market and the second of the								
5. Injury/Illness (Employee Or Contractor): Name of Affected: Work Telephone #: Home #:	·								
Name of Affected: Work Telephone #: Home #:									
Name of Affected: Work Telephone #: Home #:									
Work Telephone #: Home #:									
	Years of Experience:								
How were they injured?	Occupation:								
	Primary Body Part								
	Injured:								
	List other body parts:								
	itness Telephone #:								
Was the affected person transported for treatment? If yes, complete Hospital/Doctor information									
Hospital Name, Addr, Phone									
Doctor Name, Addr, Phone									
Describe Treatment:									
(if known)									
	ıry Type:								
Illness Type: Equ	uipment:								
6. Spills and Air Releases Factor Contrib	outing to Spill: Weather Related								
Waterial Released.	the state of the s								
	ecovered Chemical Other								
	Chemicals spilled:								
Describe Area, Property, and Wildlife impacted: None, tank ba	Chemicals spilled: ist Gases released:								
Describe Immediate Actions taken: Shut well in.	ist Gases released:								
(report all liquids in Bbls) Chemical Other Resize of the affected area: Contained inside berm C Time of air release: Start: End: Lis	uantity Oil Water 0								

7. Vehicle Inc	ident							CO 201 1/2/11		4.03990.2099
Driver's Name	:	· Marie Sales	1 200		Driver's Li		* ` , , ,		DL State:	and the second
Devon Vehicle	No.:		Maria Maria Color				o. 5 above a	<u>nd/or no. 10</u>	below.	
Witness Name	9:	Car Marchan		A Comment	Witness F		- 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Was the incide	ent covered	by DOT?		Salahan Cara	#(4)## (3.30 # 5.00#		cident Type	· . 400 (100 (100 (100 (100 (100 (100 (100		
Was a Citation	issued?			100	If YES, to	whom was	it issued?			and the second
8. Preventive/	Corrective	Actions				PIC	: Roger Her	nandez	en e	
Item	Preventa	ative/Corre	ctive Action	Correc	tive Action	s Taken	Dvn Respo	nsible Emp.	Due Date	Completion Date
10111			ding system i			unding system			188	
1	place. Tanks	were ground	ed from thief rod inserted	depending or		ind see if its	Roger H	ernandez	12/30/2007	
2										
3										
4										
5										
9. Weather/Si	te Condition	ons								
Describe cond	litions of gr	ound:	Wet				. Sanda	w.,		
Describe Sea	conditions:	Wave H	eight:		Direction:		Current Speed	ili man	^a Direction:	Mark to the terms of the terms
Temperatue:	(F)	80	Describe	Weather:	Rainy					
Wind Speed:		Direction	and the same	Did the we	ather affec	t this incide	nt?	Yes		
10. Third Part	ty Involven	nant								
Driver's Name		iliGilt	ty.		Driver's P	hone #	The state of the s	- 2356.1		
Driver's Licens			<u> </u>		Licensing			11 11 11 11 11 11 11 11 11 11 11 11 11	7	
Vehicle Licens		3 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	77	100	Licensing		r synthis i i	. (100	98
Insurance Co.		1000				Co. Phone		S. 17		·28.
Insurance Pol			- Tara	Trucking C				State PUC #		
11. Notification		n Facilities (7	1040							
Date		ency Notif	ied		Time		Phone Nu	mber	Fax Numb	er
	NMOGD,	, , , , , , , , , , , , , , , , , , , ,		erton	48	7:20 AN	Л 505-393-6	161 Ext-10	1	44,000 (1004-2)
7/21/2007	7 F N. 7007				Comment Services		<i>I</i> 505-513-0		100 mm 10	
7/21/2007		··· ·		(3)			1 505-748-5		1, 78 (1) \$3,000	
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10 May 1988	8-14 4 W	ASSESSED TO				3 . 100 111		. 19 . (1 . (1. (1. (1. (1. (1. (1. (1. (1. (1. (1		
12. Summary	v of Classe									
Incident Type		Class						7		
Property Dam			- \$25,000	- \$250,000 c	r potential	insurance d	laim			
Control of the second		7	+,-,-,-,-	7	r					
PARTY 2000		2 ata atanamatan 25		September 1980			A CONTRACTOR OF THE STREET	*		
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		25,779					<u></u>	ing.		
EHS Dept.		Linda Be	rryman		symplety .	Date:	7/23/2007	, som		
Level of Inves	tigation:									