

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

Release Notification and Corrective Action

OPERATOR

☒ Initial Report ☒ Final Report

Name of Company Devon Energy Production Co, LP	Contact <input type="checkbox"/> Roger Hernandez
Address P. O. Box 250, Artesia, NM 88211	Telephone No. <input type="checkbox"/> (505) 748-5238
Facility Name Corbin West 19 Federal Battery	Facility Type <input type="checkbox"/> Oil Well

Surface Owner	Mineral Owner	Lease No. <input type="checkbox"/> 069276
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LOCATION OF RELEASE

Unit Letter	Section 19	Township 19S	Range 33E	Feet from the 660	North/South Line North	Feet from the 660	East/West Line West	County Hobbs
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NATURE OF RELEASE

Type of Release Produced Water	Volume of Release 85	Volume Recovered 180
Source of Release Pin hole in transfer pump	Date and Hour of Occurrence 10/4/07 - 11:00 AM	Date and Hour of Discovery <input type="checkbox"/> 10/4/07 - 11:00 AM
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Gary Wink - OCD - 10/8/07	
By Whom? <input type="checkbox"/> Roger Hernandez	Date and Hour <input type="checkbox"/> 10/8/07 - 7:55 AM	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

If a Watercourse was Impacted, Describe Fully.*

N/A

Describe Cause of Problem and Remedial Action Taken.*

Found pin hole on a 3" internal plastic coated pipe on suction side of water transfer pump. Internal corrosion and pipe not being properly coated was the contributing factor to leak. Will split pipe open to insure pipe integrity and internal coating of pipe was properly applied by manufacturer.

Describe Area Affected and Cleanup Action Taken.*

40'x60' inside tank battery pad. Ordered vacuum truck, picked up fluid. Rototilled and fertilized affected area with high nitrogen fertilizer. Will repeat procedure on affected area as needed.

*** VERTICAL DELINEATION REQUIRED**
*** NEED CHLORIDE CONTENT OF WATER**

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: <i>Roger Hernandez</i>	OIL CONSERVATION DIVISION	
Printed Name: Roger Hernandez	INITIAL: <i>[Signature]</i>	Approved by <input type="checkbox"/> District Supervisor
Title: Production Foreman	ENVIRONMENTAL ENGINEER	
Date: October 12, 2007 Phone (505) 748-5238	Approval Date: 10.26.07	Expiration Date: 12.31.07
Conditions of Approval:		Attached <input type="checkbox"/>

* Attach Additional Sheets If Necessary

SUBMIT ~~OVER 2200~~

BY *[Signature]*

RP# 1634



Incident Report Form

Division:

WESTERN DIVISION

Project:

PB NEW MEXICO

Field:

CORBIN

Mark all pertinent checkboxes: Required fields will be highlighted based on Incident Type selected below

Incident Report Form Instructions

Incident Involvement		<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Third Party	<input type="checkbox"/> Property Only
<input type="checkbox"/> Illness	<input checked="" type="checkbox"/> Spill	<input type="checkbox"/> Air Release	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Theft, Vandalism, Security	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Injury	<input type="checkbox"/> Explosion	<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Unsafe Condition	<input type="checkbox"/> Near Miss	<input type="checkbox"/> SPI
<input type="checkbox"/> Fire	<input type="checkbox"/> FIO	<input type="checkbox"/> Enforcement Action	<input type="checkbox"/> (other)	what was it?	
<input type="checkbox"/> DOT-OQ <input type="checkbox"/> PSM <input type="checkbox"/> NPDES Related <input type="checkbox"/> ERP Drills					

1. Reporting Information		Devon Supervisor: Roger Hernandez	Office Phone: 505-748-3371	Cell Phone: 505-748-5238
Report Date: October 8, 2007		Report Time (am / pm): 8:54 AM		
Name and Title Reporting: Roger Hernandez, Production foreman		Phone: 505-748-0169		
Name and title of person that discovered the incident: Joe Garcia, Lease Operator				
Time and date incident discovered/occurred: Date: October 4, 2007		Time (am / pm): 11:00 AM		

2. Summary of What Happened? (500 characters or less - PLEASE do not use all capital letters) attach document if more space is needed

Found pin hole on a 3" internal plastic coated pipe on suction side of water transfer pump. Visually inspecting pipe it looks excellent and fairly new pipe. Internal corrosion and pipe not being properly coated were the contributing factor to leak. Will split pipe open to confirm pipe integrity and internal coating of pipe. Will rototill and fertilize affected area with high nitrogen fertilizer. Will repeat procedure on affected area as needed.

Working Activity: Operations - Production	Incident Related To: None of the above
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3. Contractor Information		<input type="checkbox"/> Non-Devon Contractor
Contractor Co. Name:		
Contractor Co. Address:		
Point of Contact:	Title:	Phone:

4. Location		OCSG #:		Pipeline/Well #:
Location: (name/description) West Corbin 19 Federal Battery		County/Parish: Lea, N.M		
State: N.M	Area/Blk#:	Country: U.S	Township: 19 South	Range: 33East
Qtr./Qtr Sec.:	Section: 19	Latitude:		Rig#:
Longitude:				
Nearest Town (name, distance and direction from incident): Maljamar N.M, 10 miles southeast.				

5. Injury/Illness (Employee Or Contractor):		# of Injured/Ill personnel (Information will be required for each one)	
Name of Affected:		Years of Experience:	
Work Phone #:	Home #:	Occupation:	
How were they injured?		Primary Body Part Injured:	
		List other body parts:	

Witness Name:		Witness Phone #:	
Was the affected person transported for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete Hospital/Doctor information	
Hospital / Clinic:	Address:	Phone:	
Doctor Name:	Address:	Phone:	
Describe Treatment: (if known)			

Injury/Illness Class:	Injury Type:
Illness Type:	Equipment:
Injury Resulted From:	

6. Spills and Air Releases		Factor Contributing to Spill		Corrosion		Factor Contr to Air Release	
Material Released:		<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other, specify		
Quantity Released:		Oil	Water	85	Quantity	Oil	Water
(report all liquids in Bbls)		Chemical	Other		Recovered	Chemical	Other
Size of the affected area:		40'x60', inside tk battery pad			Chemicals spilled:		
Time of air release:		Start:	End:		List Gases released:		
Describe Area, Property, and Wildlife impacted:		40'x60', contained inside tank battery pad					
Describe Immediate Actions taken:		Shut off valve on tank, order out vacuum truck, vacuum up fluid.					
<input type="checkbox"/> Reserve Pits		Qty of Air release:					
		Units:					
7. Vehicle Incident		Collision Type:					
Driver's Name:		Driver's License #:				DL State:	
Devon Vehicle No.:		If injuries, complete no. 5 above and/or no. 10 below.					
Witness Name:		Witness Phone #:					
Was the incident covered by DOT?		Accident Type:					
Was a Citation issued?		Vehicle Accident Related To:					
		PIC: Roger Hernandez					
8. Preventative/Corrective Actions							
Preventative/Corrective Action		Corrective Action Taken		Dvn Responsible Emp.		Due Date	
Completion Date							
Visually inspect internal coating on connections and pipe to ensure coating was properly applied.		Visually inspect all internal coated connections and pipe to ensure coating was properly applied by manufacturing company.		Roger Hernandez		10/10/2007	
9. Weather/Site Conditions							
Describe conditions of ground:		Dry					
Describe Sea conditions:		Wave Height:		Direction:		Current Speed:	
Temperature: (F)		80		Describe Weather:		Sunny	
Wind Speed:		Direction:		Did the weather affect this incident?		<input type="checkbox"/> Yes	
10. Third Party Involvement							
Third Party Name:		Third Party Phone #:					
Driver's License #:		Licensing State:					
Vehicle License #:		Licensing State:					
Insurance Co. Name:		Insurance Co. Phone #:					
Insurance Policy #:		Trucking Co. Name:				State PUC #:	
11. Notifications							
Date	Person/Agency Notified	Time	Phone Number	Fax Number			
10/8/2007	BLM, Lea County, Trish BadBear	7:50 a.m.	505-390-2258	Message			
10/8/2007	NMOCD Lea County, Gary Wink	7:55 a.m.	505-370-7106				
10/4/2007	Don Mayberry	11:05:00 a.m.	505-748-5235				
10/5/2007	Linda Berryman	11:00 a.m.	505-513-0534				

12. Summary of Classes (Select Incident Type first and then appropriate Class)				
Incident Type	Class I	Class II	Class III	Class IV
Spill	>1 and <20 BBLs AND NOT reportable to a regulatory agency Or, if OCS and international offshore – reportable sheen <1 BBL	20 to 120 BBLs OR any amount reportable to a regulatory agency Or, if OCS and international offshore – 1 to 20 BBLs	Onshore >120 BBLs Domestic WITH NO impacts to Waters of the U.S. Or, if OCS and international offshore - >20 BBLs where recovery equipment present	Spills to environmentally sensitive areas Domestic OR any amount to Waters of the U.S. Or, if OCS – any amount requiring prolonged recovery and joint activation of the ICS
Class				
Class II				
	Report due within 48 hrs	Report due within 48 hrs	Report due within 48 hrs	Report due within 48 hrs
EHS Dept. Rep		Date:		
# of persons involved or Environmental risk	0 (Negligible) A	1 (Minor) B	2-10 (Major) C	>10 (Severe) D
Investigation Level	Level 1 PIC, Others as necessary	Level 2 PIC, Manager, EHS	Level 3 PIC, Manager +2, EHS	Level 3 PIC, Manager +2, EHS