

State of New Mexico
Energy, Minerals and Natural Resources Department

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NOTICE

DRAFT NOTIFICATION TO UPSTREAM OPERATORS FORM RELEASED FOR STAKEHOLDER FEEDBACK

May 21, 2021

On Tuesday, May 25th the Oil Conservation Division's new natural gas waste rules, 19.15.27 and 19.15.28 NMAC, will go into effect. 19.15.28.8(D) NMAC requires midstream operators to provide verbal and written notifications to upstream operators affected by emergencies, malfunctions, and maintenance of natural gas gathering systems. The rules do not require midstream operators to use an OCD form, but stakeholders indicated that OCD guidance would be helpful.

As part of OCD's continued collaboration and engagement with stakeholders, the agency is seeking feedback on the draft form provided below.

Questions and comments must be submitted by COB May 28, 2021 to be considered. Send to EMNRD.wasterule@state.nm.us.

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Notification to Upstream Operators
Effective May 25, 2021

Notification must be provided to each Operator for which scheduled or unscheduled maintenance, replacement, repair, or emergency of a natural gas gathering system (NGGS) may affect line pressure or available capacity. NGGS operators may use this form or another method of communication that complies with 19.15.28.8(D) NMAC.

I. NGGS Operator: _____ **Notice Date:** ____/____/____

II. Upstream Operator: _____

III. Event Type:

- Scheduled Maintenance; Replacement or Repair:** Provide written notice no less than 14 days prior to date of activity.
 Brief description of activity: _____
- Unscheduled Maintenance, Emergency or Malfunction:** Provide verbal notification as soon as possible but no more than 12 hours after discovery and follow-up written confirmation within 24 hours of discovery.
 Brief description of activity: _____

IV. Notification Information:

- Verbal Notification:**
 Person Contacted: _____ Telephone Number _____
 Date and Time: _____
- Written Confirmation:**
 Person Contacted: _____
 Address: _____
 Date and Time: _____ Delivery Method: e-Mail Certified Mail Other (Explain) _____

V. Affected Well or Facility:

API/Facility/Meter No	Well/Facility/Meter Name	Unit	Section	Township	Range

List of additional wells and facilities attached.

VI. Anticipated Schedule: Date and time of the expected duration of NGGS:

Out of Service Start Date and Time: _____ **Return to Service Date and Time:** _____
(mm/dd/yyyy - hh:mm xm) (mm/dd/yyyy - hh:mm xm)

VII. Record Keeping: Operator shall make and keep a record of each notification for no less than five years and make such records available for inspection by the division upon request.

VIII. Notification completed by:

Printed Name: _____ Title: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____