



## C-108 APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Action ID: \_\_\_\_\_

Admin. App. No: \_\_\_\_\_

| C-108 Item                     | Description of Required Content   | Yes | No | N/A |
|--------------------------------|---|-----|----|-----|
| <b>I. PURPOSE</b>              | Selection of proper application type.   |     |    |     |
| <b>II. OPERATOR</b>            | Name; address; contact information.   |     |    |     |
| <b>III. WELL DATA</b>          | Well name and number; STR location; footage location within section.  |     |    |     |
|                                | Each casing string to be used, including size, setting depth, sacks of cement, hole size, top of cement, and basis for determining top of cement.   |     |    |     |
|                                | Description of tubing to be used including size, lining material, and setting depth.  |     |    |     |
|                                | Name, model, and setting depth of packer to be used, or description of other seal system or assembly to be used.  |     |    |     |
|                                | Well diagram: Existing (if applicable).   |     |    |     |
|                                | Well diagram: Proposed (either Applicant's template or Division's Injection Well Data Sheet).   |     |    |     |
| <b>IV. EXISTING PROJECT</b>    | For an expansion of existing well, Division order number authorizing existing well (if applicable).   |     |    |     |
| <b>V. LEASE AND WELL MAP</b>   | AOR map identifying all wells and leases within 2 mile radius of proposed well, and depicting a 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation.                        |     |    |     |
| <b>VI. AOR WELLS</b>           | Tabulation of data for all wells of public record within AOR which penetrate the proposed injection zone, including well type, construction, date drilled, location, depth, and record of completion.   |     |    |     |
|                                | Schematic of each plugged well within AOR showing all plugging detail.  |     |    |     |
| <b>VII. PROPOSED OPERATION</b> | Proposed average and maximum daily rate and volume of fluids to be injected.  |     |    |     |
|                                | Statement that the system is open or closed.  |     |    |     |
|                                | Proposed average and maximum injection pressure.  |     |    |     |
|                                | Sources and analysis of injection fluid, and compatibility with receiving formation if injection fluid is not produced water.   |     |    |     |
|                                | A chemical analysis of the disposal zone formation water if the injection is for disposal and oil or gas is not produced or cannot be produced from the formation within 1 mile of proposed well. Chemical analysis may be based on sample, existing literature, studies, or nearby well. |     |    | N/A |
| <b>VIII. GEOLOGIC DATA</b>     | Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth.  |     |    |     |
|                                | USDW of all aquifers <u>overlying</u> the proposed injection interval, including the geologic name and depth to bottom.   |     |    |     |
|                                | USDW of all aquifers <u>underlying</u> the proposed injection interval, including the geologic name and depth to bottom.  |     |    |     |



## C-108 (SWD) APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Action ID: \_\_\_\_\_

Admin. App. No: \_\_\_\_\_

| C-108 Item                        | Description of Required Content   | Yes | No | N/A |
|-----------------------------------|---|-----|----|-----|
| <b>IX. PROPOSED STIMULATION</b>   | Description of stimulation process or statement that none will be conducted.  |     |    |     |
| <b>X. LOGS/WELL TESTS</b>         | Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.   |     |    |     |
| <b>XI. FRESH WATER</b>            | Chemical analysis of fresh water from two or more fresh water wells (if available and producing) within 1 mile of the proposed well, including location and sampling date(s).   |     |    |     |
| <b>XII. AFFIRMATION STATEMENT</b> | Statement of qualified person endorsing the application, including name, title, and qualifications.   |     |    | N/A |
| <b>XIII. PROOF OF NOTICE</b>      | Identify of all "affected persons" identified on AOR map in Section V, including all affected persons within 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation. |     |    | N/A |
|                                   | Identification and notification of all surface owners.  |     |    | N/A |
|                                   | BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.  |     |    | N/A |
|                                   | Notice of publication in local newspaper in county where proposed well is located with the following specific content:  |     |    | N/A |
|                                   | <ul style="list-style-type: none"> <li>Name, address, phone number, and contact party for Applicant;</li> </ul>   |     |    | N/A |
|                                   | <ul style="list-style-type: none"> <li>Intended purpose of proposed injection well, including exact location of single well, or the section, township, and range location of multiple wells;</li> </ul>   |     |    | N/A |
|                                   | <ul style="list-style-type: none"> <li>Formation name and depth, and expected maximum injection rates and pressures; and</li> </ul>   |     |    | N/A |
|                                   | <ul style="list-style-type: none"> <li>Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination.</li> </ul>   |     |    | N/A |
| <b>XIV. CERTIFICATION</b>         | Signature by operator or designated agent, including date and contact information.  |     |    |     |

Review Date\*:

Reviewer:

☐ Administratively COMPLETE

☐ Administratively INCOMPLETE

NOTES:

\* The Review Date is the date of administrative completeness determination that commences the 15 day protest period in 19.15.26.8 (C)(2) NMAC.



# FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V17]

**DATE RECORD:** First Rec: \_\_\_\_\_ **Admin Complete:** \_\_\_\_\_ **or Suspended:** \_\_\_\_\_ Add. Request/Reply: \_\_\_\_\_

**ORDER TYPE:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Order Date:** \_\_\_\_\_ **Legacy Permits/Orders:** \_\_\_\_\_

Well No. \_\_\_\_\_ Well Name(s): \_\_\_\_\_

API : 30-0 \_\_\_\_\_ Spud Date: \_\_\_\_\_ New or Old (EPA): \_\_\_\_\_ (**UIC Class II Primacy 03/07/1982**)

Footages \_\_\_\_\_ Lot \_\_\_\_\_ or Unit \_\_\_\_\_ Sec \_\_\_\_\_ Tsp \_\_\_\_\_ Rge \_\_\_\_\_ County \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_ Pool: \_\_\_\_\_ Pool No.: \_\_\_\_\_

Operator: \_\_\_\_\_ OGRID: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLIANCE RULE 5.9:** Total Wells: \_\_\_\_\_ Inactive: \_\_\_\_\_ **Fincl Assur:** \_\_\_\_\_ Compl. Order? \_\_\_\_\_ **IS 5.9 OK?** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WELL FILE REVIEWED** Current Status: \_\_\_\_\_

**WELL DIAGRAMS:** **NEW:** Proposed ☐ or **RE-ENTER:** Before Conv. ☐ After Conv. ☐ Logs in Imaging: \_\_\_\_\_

Planned Rehab Work to Well: \_\_\_\_\_

| Well Construction Details  |             | Sizes (in)<br>Borehole / Pipe   | Setting<br>Depths (ft) | Cement<br>Sx or Cf                        | Cement Top and<br>Determination Method |
|--|-------------|---------------------------------|------------------------|---|--|
| Planned _____ or Existing _____ <b>Surface</b>   |             |                                 | Stage Tool             |   |  |
| Planned _____ or Existing _____ <b>Interm/Prod</b>   |             |                                 |                        |   |  |
| Planned _____ or Existing _____ <b>Interm/Prod</b>   |             |                                 |                        |   |  |
| Planned _____ or Existing _____ <b>Prod/Liner</b>  |             |                                 |                        |   |  |
| Planned _____ or Existing _____ <b>Liner</b>   |             |                                 |                        |   |  |
| Planned _____ or Existing _____ <b>OH / PERF</b>   |             |                                 | Inj Length             | <b>Completion/Operation Details:</b>      |  |
| <b>Injection Lithostratigraphic Units:</b>   | Depths (ft) | Injection or Confining<br>Units |                        | Tops                                      |  |
| Adjacent Unit: Litho. Struc. Por.  |             |                                 |                        | Drilled TD _____ PBTD _____               |  |
| Confining Unit: Litho. Struc. Por.   |             |                                 |                        | NEW TD _____ NEW PBTD _____               |  |
| Proposed Inj Interval TOP:   |             |                                 |                        | NEW Open Hole _____ NEW Perfs _____       |  |
| Proposed Inj Interval BOTTOM:  |             |                                 |                        | Tubing Size _____ in. Inter Coated? _____ |  |
| Confining Unit: Litho. Struc. Por.   |             |                                 |                        | Proposed Packer Depth _____ ft            |  |
| Adjacent Unit: Litho. Struc. Por.  |             |                                 |                        | Min. Packer Depth _____ (100-ft limit)    |  |
| <b>AOR: Hydrologic and Geologic Information</b>  |             |                                 |                        | Proposed Max. Surface Press. _____ psi    |  |
|  |             |                                 |                        | Admin. Inj. Press. _____ (0.2 psi per ft) |  |
| <b>POTASH:</b> R-111-P _____ Noticed? _____ <b>BLM Sec Ord</b> WIPP _____ Noticed? _____ <b>Salt/Salado T:</b> _____ <b>B:</b> _____ <b>NW:</b> Cliff House fm _____ |             |                                 |                        |   |  |
| <b>USDW:</b> Aquifer(s) _____ Max Depth _____ <b>HYDRO AFFIRM STATEMENT By Qualified Person</b>  |             |                                 |                        |   |  |
| <b>NMOSE Basin:</b> _____ <b>CAPITAN REEF:</b> thru _____ adj _____ <b>NA</b> _____ <b>No. GW Wells in 1-Mile Radius?</b> _____ <b>FW Analysis?</b> _____            |             |                                 |                        |   |  |
| <b>Disposal Fluid:</b> Formation Source(s) _____ Analysis? _____ On Lease <input type="radio"/> Operator Only <input type="radio"/> Commercial <input type="radio"/> |             |                                 |                        |   |  |
| <b>Disposal Interval:</b> Inject Rate (Avg/Max BWPD): _____ Protectable Waters? _____ Source: _____ System: Closed or Open   |             |                                 |                        |   |  |
| <b>HC Potential:</b> Producing Interval? _____ Formerly Producing? _____ Method: Logs /DST /P&A /Other _____ 2-Mi Radius Pool Map _____                              |             |                                 |                        |   |  |
| <b>AOR Wells:</b> 1/2-M _____ or ONE-M _____ <b>RADIUS MAP/WELL LIST: Total Penetrating Wells:</b> _____ [AOR Hor: _____ AOR SWDs: _____]                            |             |                                 |                        |   |  |
| <b>Penetrating Wells: No. Active Wells</b> _____ <b>No. Corrective?</b> _____ on which well(s)? _____ Diagrams? _____  |             |                                 |                        |   |  |
| <b>Penetrating Wells: No. P&amp;A Wells</b> _____ <b>No. Corrective?</b> _____ on which well(s)? _____ Diagrams? _____   |             |                                 |                        |   |  |
| <b>Induced-Seismicity Risk Assess:</b> analysis submitted _____ historical/catalog review _____ fault-slip model _____ <b>probability</b> _____                      |             |                                 |                        |   |  |
| <b>NOTICE:</b> 1/2-M _____ or ONE-M _____ : Newspaper Date _____ <b>Mineral Owner*</b> _____ Surface Owner _____ N. Date _____                                       |             |                                 |                        |   |  |
| <b>RULE 26.7(A): Identified Tracts?</b> _____ <b>Affected Persons*:</b> _____ N. Date _____  |             |                                 |                        |   |  |
| * new definition as of 12/28/2018 [any the mineral estate of United States or state of New Mexico; SWD operators within the notice radius]                           |             |                                 |                        |   |  |

**Order Conditions:** Issues: \_\_\_\_\_

**Additional COAs:** \_\_\_\_\_

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

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

CONDITIONS

Action 341331

CONDITIONS

|   |  |
|---|--|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984   |
|   | Action Number:<br>341331                                       |
|   | Action Type:<br>[IM-SD] Admin Order Support Doc (ENG) (IM-AAO) |

CONDITIONS

| Created By     | Condition | Condition Date |
|----------------|-----------|----------------|
| anthony.harris | None      | 5/6/2024       |