



## 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).			N/A
<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.			N/A
	Schematic of each plugged well within AOR showing all plugging detail.			N/A
<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.			
<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.			
<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.			
	Identification and notification of all surface owners.			
	BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.			
	Notice of publication in local newspaper in county where proposed well is located with the following specific content:			
	<ul style="list-style-type: none"> <li>Name, address, phone number, and contact party for Applicant;</li> </ul>			
	<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>			
	<ul style="list-style-type: none"> <li>Formation name and depth, and expected maximum injection rates and pressures; and</li> </ul>			
<b>XIV. CERTIFICATION</b>	<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>			
	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) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and 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 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 379205

CONDITIONS

Operator: MEWBOURNE OIL CO P.O. Box 5270 Hobbs, NM 88241	OGRID:	14744
	Action Number:	379205
	Action Type:	[IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	None	8/29/2024