



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

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

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

PO Number: \_\_\_\_\_

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

| C-108 Item                     | Description of Required Content   | Yes | No |
|--------------------------------|---|-----|----|
| <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. |     |    |
| <b>VIII. GEOLOGIC DATA</b>     | Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth.  |     |    |
|                                | USDW of all aquifers overlying the proposed injection interval, including geologic name and depth to bottom.  |     |    |
|                                | USDW of all aquifers underlying the proposed injection interval, including the geologic name and depth to bottom.   |     |    |



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| <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 " <i>affected persons</i> " 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 a 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.