



C-108 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 |
|--------------------------------|---|-----|----|
| I. PURPOSE | Selection of proper application type. | | |
| II. OPERATOR | Name; address; contact information. | | |
| III. WELL DATA | 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). | | |
| IV. EXISTING PROJECT | For an expansion of existing well, Division order number authorizing existing well (if applicable). | | |
| V. LEASE AND WELL MAP | 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. | | |
| VI. AOR WELLS | 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. | | |
| VII. PROPOSED OPERATION | 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. | | |
| VIII. GEOLOGIC DATA | 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. | | |



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 |
|-----------------------------------|--|-----|----|
| IX. PROPOSED STIMULATION | Description of stimulation process or statement that none will be conducted. | | |
| X. LOGS/WELL TESTS | Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD. | | |
| XI. FRESH WATER | 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). | | |
| XII. AFFIRMATION STATEMENT | Statement of qualified person endorsing the application, including name, title, and qualifications. | | |
| XIII. PROOF OF NOTICE | 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"> Name, address, phone number, and contact party for Applicant; | | |
| | <ul style="list-style-type: none"> Intended purpose of proposed injection well, including exact location of a single well, or the section, township, and range location of multiple wells; | | |
| | <ul style="list-style-type: none"> Formation name and depth, and expected maximum injection rates and pressures; and | | |
| XIV. CERTIFICATION | <ul style="list-style-type: none"> Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination. | | |
| | 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.