



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

**Well Name:** Black River SWD #9

**Applicant:** Black River Management Company, LLC

**PO Number:** 4LV4F-191021-C-1080

**Admin. App. No:** pDHR1929642887

Form C-108 Item	Description of Required Content	Yes	No
<b>I. PURPOSE</b>	Selection of proper application type.	X	
<b>II. OPERATOR</b>	Name; address; contact information.	X	
<b>III. WELL DATA</b>	Well name and number; STR location; footage location within section.	X	
	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.	X	
	Description of tubing to be used including size, lining material, and setting depth.	X	
	Name, model, and setting depth of packer to be used, or description of other seal system or assembly to be used.	X	
	Well diagram: Existing (if applicable).	NA	
	Well diagram: Proposed (either Applicant's template or Division's Injection Well Data Sheet).	X	
<b>IV. EXISTING PROJECT</b>	For an expansion of existing well, Division order number authorizing existing well (if applicable).	NA	
<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.	X	
<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.	X	
	Schematic of each plugged well within AOR showing all plugging detail.	X	
<b>VII. PROPOSED OPERATION</b>	Proposed average and maximum daily rate and volume of fluids to be injected.	X	
	Statement that the system is open or closed.	X	
	Proposed average and maximum injection pressure.	X	
	Sources and analysis of injection fluid, and compatibility with receiving formation if injection fluid is not produced water.	X	
	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.	X	
<b>VIII. GEOLOGIC DATA</b>	Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth.	X	
	USDW of all aquifers overlying the proposed injection interval, including geologic name and depth to bottom.	X	



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

**Well Name:** Black River SWD #9

**Applicant:** Black River Management Company, LLC

**PO Number:** 4LV4F-191021-C-1080

**Admin. App. No:** pDHR1929642887

Form C-108 Item	Description of Required Content	Yes	No
<b>VIII. GEOLOGIC DATA</b>	USDW of all aquifers underlying the proposed injection interval, including including the geologic name and depth to bottom.	X	
<b>X. LOGS/WELL TESTS</b>	Description of stimulation process or statement that none will be conducted.	X	
	Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.	X	
<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).	X	
<b>XII. AFFIRMATION STATEMENT</b>	Statement of qualified person endorsing the application, including name, title, and qualifications.	X	
<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.	X	
	Identification and notification of all surface owners.	X	
	BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.	X	
	Notice of publication in local newspaper in county where proposed well is located with the following specific content:	X	
	• Name, address, phone number, and contact party for Applicant;	X	
	• Intended purpose of proposed injection well, including exact location of a single well, or the section, township, and range location of multiple wells;	X	
	• Formation name and depth, and expected maximum injection rates and pressures; and	X	
• Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination.	X		
<b>XIV. CERTIFICATION</b>	Signature by operator or designated agent, including date and contact information.	X	

**DETERMINATION**

**Administratively Complete**

X

**Not Administratively Incomplete**

**Reason:**

**Reviewer:** Dylan Rose-Coss

**Review Date:** 10/23/2019

**Determination Date\*:**

10/21/2019

\* The Determination Date is the date on which the application was submitted, which commences the 15 day protest period in 19.15.26.8 (C)(2) NMAC.