



DRAFT - V1 - 9/20/2019

**FORM C-108 APPLICATION FOR AUTHORIZATION TO INJECT
REVIEW CHECKLIST FOR ADMINISTRATIVE COMPLETENESS**

Admin. Appl. Tracking No. (p Number): p MAM 19081 46123

PO Number: _____

Well Name: McCrae SWD Well # 1

Applicant: Solaris Water Midstream

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

midstream?
operator?



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PO Number: _____

Well Name: McCrae SWD # 1

Applicant: Soloris Water Midstream LLC 3716 43

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

Review Date*: 6/12/19

Reviewer: Dean McClure

Determined to be Administratively Complete

Determined to be Administratively Incomplete

Additional Information:

* 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.