



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 _____ Surface			Stage Tool		
Planned _____ or Existing _____ Interm/Prod					
Planned _____ or Existing _____ Interm/Prod					
Planned _____ or Existing _____ Prod/Liner					
Planned _____ or Existing _____ Liner					
Planned _____ or Existing _____ OH / PERF			Inj Length	Completion/Operation Details:	
Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Drilled TD _____ PBTD _____	
Adjacent Unit: Litho. Struc. Por.				NEW TD _____ NEW PBTD _____	
Confining Unit: Litho. Struc. Por.				NEW Open Hole _____ NEW Perfs _____	
Proposed Inj Interval TOP:				Tubing Size _____ in. Inter Coated? _____	
Proposed Inj Interval BOTTOM:				Proposed Packer Depth _____ ft	
Confining Unit: Litho. Struc. Por.				Min. Packer Depth _____ (100-ft limit)	
Adjacent Unit: Litho. Struc. Por.				Proposed Max. Surface Press. _____ psi	
AOR: Hydrologic and Geologic Information				Admin. Inj. Press. _____ (0.2 psi per ft)	
POTASH: R-111-P _____ Noticed? _____ BLM Sec Ord WIPP Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____					
USDW: Aquifer(s) _____ Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person _____					
NMOSE Basin: _____ CAPITAN REEF: thru _____ adj _____ NA _____ No. GW Wells in 1-Mile Radius? _____ FW Analysis? _____					
Disposal Fluid: Formation Source(s) _____ Analysis? _____ On Lease <input type="radio"/> Operator Only <input type="radio"/> Commercial <input type="radio"/>					
Disposal Interval: Inject Rate (Avg/Max BWPD): _____ Protectable Waters? _____ Source: _____ System: Closed or Open					
HC Potential: Producing Interval? _____ Formerly Producing? _____ Method: Logs /DST /P&A /Other _____ 2-Mi Radius Pool Map _____					
AOR Wells: 1/2-M _____ or ONE-M _____ RADIUS MAP/WELL LIST: Total Penetrating Wells: _____ [AOR Hor: _____ AOR SWDs: _____]					
Penetrating Wells: No. Active Wells _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____					
Penetrating Wells: No. P&A Wells _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____					
Induced-Seismicity Risk Assess: analysis submitted _____ historical/catalog review _____ fault-slip model _____ probability _____					
NOTICE: 1/2-M _____ or ONE-M _____ : Newspaper Date _____ Mineral Owner* _____ Surface Owner _____ N. Date _____					
RULE 26.7(A): Identified Tracts? _____ Affected Persons*: _____ 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: _____