



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	
Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details: Drilled TD _____ PBTD _____ NEW TD _____ NEW PBTD _____ NEW Open Hole _____ NEW Perfs _____ Tubing Size _____ in. Inter Coated? _____ Proposed Packer Depth _____ ft Min. Packer Depth _____ (100-ft limit) Proposed Max. Surface Press. _____ psi Admin. Inj. Press. _____ (0.2 psi per ft)
Adjacent Unit: Litho. Struc. Por.					
Confining Unit: Litho. Struc. Por.					
Proposed Inj Interval TOP:					
Proposed Inj Interval BOTTOM:					
Confining Unit: Litho. Struc. Por.					
Adjacent Unit: Litho. Struc. Por.					
AOR: Hydrologic and Geologic Information					
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 ☐ Operator Only ☐ Commercial ☐ 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: _____