



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 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	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.

PMX-298



FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V17]

DATE RECORD: First Rec: 4-29-21 Admin Complete: or Suspended: Add. Request/Reply:

ORDER TYPE: PMX Number: 298 Order Date: Legacy Permits/Orders: R-6199F

Well No. 23 Well Name(s): N Hobbs G/SA

API: 30-0 25-27065 Spud Date: New or Old (EPA): (UIC Class II Primacy 03/07/1982)

Footages: 1300 FNL 2455 FWL Lot or Unit C Sec 33 Tsp 18 S Rge 38E County Lea

Latitude: 32.707584 Longitude 103.1540375 Pool: Pool No.:

Operator: Oxy OGRID: Contact: Joe Jago Email:

COMPLIANCE RULE 5.9: Total Wells: 606 Inactive: 0 Fincl Assur: Compl. Order? IS 5.9 OK? Date: 12-29-21

WELL FILE REVIEWED Current Status: active oil well -> convert -> inj.

WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging:

Planned Rehab Work to Well: convert oil to injector

Well Construction Details table with columns: Sizes (In) Borehole / Pipe, Setting Depths (ft), Cement Sx or Cf, Cement Top and Determination Method. Includes rows for Surface, Interm/Prod, Prod/Liner, and OH/PERF.

Injection Lithostratigraphic Units table with columns: Depths (ft), Injection or Confining Units, Tops. Includes rows for Adjacent Unit, Confining Unit, Proposed Inj Interval, and another Confining Unit.

Completion/Operation Details table with fields: Drilled TD, PBDT, NEW TD, NEW PBDT, NEW Open Hole, NEW Perfs, Tubing Size, Inter Coated?, Proposed Packer Depth, Min. Packer Depth, Proposed Max. Surface Press., Admin. Inj. Press.

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: NW shelf CAPITAN REEF: thru No adj NA No. GW Wells in 1-Mile Radius? FW Analysis?

Disposal Fluid: Formation Source(s) SA Analysis? case 14981 On Lease Operator Only Commercial

Disposal Interval: Inject Rate (Avg/Max BWPD): Protectable Waters? Source: System: Closed or Oper

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: CBP, EQ-none, faults, NW-SE-many, E of S31

Additional COAs: