

**BW - \_\_\_999\_\_\_**

**OCD  
POST COLLAPSE BRINE  
QUESTIONNAIRE  
FORM**

**BRINE WELL WORK GROUP**

**3/26/09 - Present**



# New Mexico Energy, Minerals and Natural Resources Department

**Bill Richardson**  
Governor

Joanna Prukop  
Cabinet Secretary  
Reese Fullerton  
Deputy Cabinet Secretary

Mark Fesmire  
Division Director  
Oil Conservation Division



## OIL CONSERVATION DIVISION BRINE WELL INFORMATION REQUEST

<b>GENERAL INFORMATION:</b>	
Operator Name _____	Well Name(s) _____
API Number _____	Brine Well Permit # _____
Date Permit Expires? _____	
Location: Section _____ Ts _____ Rg _____	
FNL _____	FSL _____ FEL _____ FWL _____
GPS of well(s): Lat: _____ Long: _____	
<p>Have you reviewed and understand all of your permit conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you presently deficient of any condition in your permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Do you operate below grade tanks or pits at the site? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do all tanks, including fresh water tanks, have secondary containment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you think you have the expertise, knowledge and general understanding of what causes a brine well to collapse? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you think OCD should provide guidelines on subsidence and collapse issues? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<b>SITING INFORMATION: Please provide the following information and depict on 7.5 minute (1" = 2000') USGS Quad Map. Limit search to one mile radius.</b>	
Is the brine well located within a municipality or city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Distance and direction to nearest permanent structure, house, school, etc. if less than one mile:	
Distance and direction to nearest water well if less than one mile:	
Distance to nearest watercourse(s), floodplain, playa lake(s), or man-made canal(s) or pond(s) if less than one mile:	
Distance and direction to nearest known karst features or mines if less than one mile:	



Distance and direction to nearest producing oil or gas well(s) <i>if less than one mile:</i> Provide API Number:
Distance and direction to nearest tank battery(ies) <i>if less than one mile:</i>
Distance and direction to nearest pipeline(s), including fresh water pipelines <i>if less than one mile:</i>
Distance and direction to nearest paved or maintained road or railroad <i>if less than one mile:</i>
Depth to ground water found above the Salado (salt section), regardless of yield:
Name of aquifer(s):
<b>WELL CONSTRUCTION:</b> <i>Please provide the following information and attach a diagram depicting the brine well. Check box if attached:</i> Copy of a current well diagram: Attached <input type="checkbox"/> Copy of formation record with tops: Attached <input type="checkbox"/> Copy of geophysical well logs if available: Attached <input type="checkbox"/> <i>If not, well logs within one mile</i> <input type="checkbox"/>
Depth of the top of the salt below ground surface (feet):
Depth to the bottom of the salt below ground surface (feet):
Depth(s) to and thickness(es) of any anhydrite section(s) (located above the salt):
Depth of casing(s) shoe below ground surface (feet): _____ Is the casing shoe set in the anhydrite or other layer above the salt? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the casing shoe set into the salt? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how far into the salt? _____
Depth of tubing(s):
Do you suspect that your cavern has partially caved in? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
<b>OPERATIONS:</b> <i>Please provide the following information.</i>
Start date of brine well operation:
Total volume of fresh water injected into the brine well to date (bbls) and how determined:

Total volume of brine water produced (bbls) to date and how determined:
Have you ever lost casing or tubing? If yes, please provide details. Document attached <input type="checkbox"/>
Do you maintain a surface pressure on your well during idle times? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you noticed large amounts of air built up during cavity pressurization? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever noticed fluids or air/gas bubbling up around the casing during testing or normal operations? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MONITORING: Please provide the following information.</b>
Are you currently monitoring ground water contamination from your brine well or system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever run a sonar log? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide last date: _____
Provide cavern configuration (dimensions and volume) and method(s) used to estimate: If sonar report please attach <input type="checkbox"/> If other, please specify and provide a sketch of cavern: <input type="checkbox"/>
Do you have a subsidence monitoring program in place? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any geophysical monitoring devices, such as a seismic device positioned near your brine well? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you submitted all of your monthly, quarterly, or annual reports to the OCD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you failed a brine well mechanical integrity test (MIT)? If yes, please attach details and results. Attached <input type="checkbox"/>
Have you ever had a casing leak? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever had a cavern leak? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Have you ever exceeded the cavern fracture pressure? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Do you know how to calculate your maximum pressure? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Have you routinely looked for cracks or fissures in the ground surface around your brine well? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any minor or major cracks, fissures, tank settlement, line breakage from settlement or any minor subsidence. Yes <input type="checkbox"/> No <input type="checkbox"/>
During operations have you experienced any ground vibration, ground movement, or well movement after opening or shunting valves, pump start-up, shut-down, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/>

