C-108 APPLICATION FOR AUTHORIZATION TO INJECT
ADMINISTRATIVE COMPLETENESS FORM

Well Name: _____

Applicant: _____

Action ID: _____

Admin. App. No: _____

C-108 Item	Description of Required Content	Yes	No	N/A
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.			N/A
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 the geologic name and depth to bottom.			
	USDW of all aquifers underlying the proposed injection interval, including the geologic name and depth to bottom.			

C-108 (SWD) APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: _____

Applicant: _____

Action ID: _____

Admin. App. No: _____

C-108 Item	Description of Required Content	Yes	No	N/A
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.			N/A
XIII. PROOF OF NOTICE	Identify of all "a*ffected 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.			N/A
	Identification and notification of all surface owners.			N/A
	BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.			N/A
	Notice of publication in local newspaper in county where proposed well is located with the following specific content:			N/A
	● Name, address, phone number, and contact party for Applicant;			N/A
	● Intended purpose of proposed injection well, including exact location of single well, or the section, township, and range location of multiple wells;			N/A
	● Formation name and depth, and expected maximum injection rates and pressures; and			N/A
	● Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination.			N/A
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.

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**
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.			

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)

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: **C**losed or **O**pen

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:_____

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 376559

CONDITIONS

Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX 772104294	OGRID: 157984
	Action Number: 376559
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	None	8/22/2024