

**C-108 APPLICATION FOR AUTHORIZATION TO INJECT  
ADMINISTRATIVE COMPLETENESS CHECKLIST**  
October 2025

Well Name:	Nieuwendyk 28 SWD No. 1
Applicant:	Longfellow Energy, LP [372210]
PO Number:	pEG2528349147
Admin Order ID:	SWD - 2674
Case No.	N/A

C-108 Item	Description of Required Content	Yes	No	N/A
<b>I. PURPOSE</b>	Selection of proper application type.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>II. OPERATOR</b>	Name; address; contact information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>III. WELL DATA</b>	Well name and number; STR location; footage location within section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Description of tubing to be used including size, lining material, and setting depth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Name, model, and setting depth of packer to be used, or description of other seal system or assembly to be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Well diagram: Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Well diagram: Proposed (either Applicant's template or Division's Injection Well Data Sheet).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. EXISTING PROJECT</b>	For an expansion of existing well, Division order number authorizing existing well.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V. LEASE and WELL MAP</b>	AOR map identifying all wells and leases within 2-mile radius of proposed well and depicting a ½ mile radius circle around any other projected injection well and a 1-mile radius circle around any other projected injection well in the Devonian formation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>VI. AOR WELLS</b>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Schematic of each plugged well within the (½ mile or 1-mile for Devonian) AOR showing all plugging detail.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VII. PROPOSED OPERATING</b>	Proposed average and maximum daily rate and volume of fluids to be injected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Statement that the system is open or closed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Proposed average and maximum injection pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Sources and analysis of injection fluid, and compatibility with receiving formation if injection fluid is not produced water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>VIII. GEOLOGIC DATA</b>	Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	USDW of all aquifers overlying the proposed injection interval, including geologic name and depth to bottom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	USDW of all aquifers underlying the proposed injection interval, including the geologic name and depth to bottom.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>IX. PROPOSED STIMULATION</b>	Description of stimulation process or statement that none will be conducted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>X. LOGS/WELL TESTS</b>	Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>XI. FRESH WATER</b>	Chemical analysis of fresh water from two or more freshwater wells (if available and producing) within 1-mile of the proposed well, including location and sampling date(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XII. AFFIRMATION STATEMENT</b>	Statement of qualified person endorsing the application, including name, title, and qualifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>XIII. PROOF OF NOTICE</b>	Notice of all "affected persons" identified on AOR map in Section V, including all affected persons within ½ mile radius circle around any other projected injection well and a 1-mile radius circle around any other projected injection wells in the Devonian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Identification and notification of all surface owners.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Notice of publication in local newspaper in county where proposed well is located with the following specific content.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	• Name, address, phone number, and contact party for Applicant;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	• Intended purpose of proposed injection well, including exact location of a single well, or the section, township, and range location of multiple wells;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	• Formation name and depth, and expected maximum injection rates and pressures; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the administrative completeness determination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>XIV. CERTIFICATION</b>	Signature by operator or designated agent, including date and contact information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Review Date*:	October 20, 2025	<input checked="" type="checkbox"/>	Administratively COMPLETE	<input type="checkbox"/>	Administratively INCOMPLETE	Reviewer:	Erica L. Gordan
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\*The Review Date is the date of administrative completeness determination that commences the 15-day protest period in 19.15.26.8(C) NMAC.

Notes:

VIII. Geologic Data: \*\*\*Missing from the application is a statement regarding the presence or absence of an underlying USDW.\*\*\*

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

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

CONDITIONS

Action 519564

**CONDITIONS**

Operator: NEW MEXICO ENERGY MINERALS & NATURAL RESOURCE 1220 S St Francis Dr Santa Fe , NM 87504	OGRID: 264235
	Action Number: 519564
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

**CONDITIONS**

Created By	Condition	Condition Date
erica.gordan	None	10/23/2025



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

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CONDITIONS

Action 593560

**CONDITIONS**

Operator: LONGFELLOW ENERGY, LP 8115 Preston Road Dallas, TX 75225	OGRID: 372210
	Action Number: 593560
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

**CONDITIONS**

Created By	Condition	Condition Date
anthony.harris	None	6/9/2026