



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).			N/A
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.			N/A
	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 <u>overlying</u> the proposed injection interval, including the geologic name and depth to bottom.			
	USDW of all aquifers <u>underlying</u> 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.			
XIII. PROOF OF NOTICE	Identify of all "affected 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.			
	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 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.



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:			Completion/Operation Details:	
Adjacent Unit: Litho. Struc. Por.	Depths (ft)	Injection or Confining Units	Tops	Drilled TD _____ PBSD _____
Confining Unit: Litho. Struc. Por.				NEW TD _____ NEW PBSD _____
Proposed Inj Interval TOP:				NEW Open Hole _____ NEW Perfs _____
Proposed Inj Interval BOTTOM:				Tubing Size _____ in. Inter Coated? _____
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth _____ ft
Adjacent Unit: Litho. Struc. Por.				Min. Packer Depth _____ (100-ft limit)
AOR: Hydrologic and Geologic Information				Proposed Max. Surface Press. _____ psi
POTASH: R-111-P _____ Noticed? _____ BLM Sec Ord WIPP Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____				Admin. Inj. Press. _____ (0.2 psi per ft)
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 <input type="radio"/> Operator Only <input type="radio"/> Commercial <input type="radio"/>				
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: _____

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 353320

CONDITIONS

Operator: MACK ENERGY CORP P.O. Box 960 Artesia, NM 882110960	OGRID: 13837
	Action Number: 353320
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	None	6/12/2024