



## 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
<b>I. PURPOSE</b>	Selection of proper application type.			
<b>II. OPERATOR</b>	Name; address; contact information.			
<b>III. WELL DATA</b>	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).			
<b>IV. EXISTING PROJECT</b>	For an expansion of existing well, Division order number authorizing existing well (if applicable).			
<b>V. LEASE AND WELL MAP</b>	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.			
<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.			
	Schematic of each plugged well within AOR showing all plugging detail.			
<b>VII. PROPOSED OPERATION</b>	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.			
<b>VIII. GEOLOGIC DATA</b>	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
<b>IX. PROPOSED STIMULATION</b>	Description of stimulation process or statement that none will be conducted.			
<b>X. LOGS/WELL TESTS</b>	Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.			
<b>XI. FRESH WATER</b>	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).			
<b>XII. AFFIRMATION STATEMENT</b>	Statement of qualified person endorsing the application, including name, title, and qualifications.			
<b>XIII. PROOF OF NOTICE</b>	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"> <li>• Name, address, phone number, and contact party for Applicant;</li> </ul>			
	<ul style="list-style-type: none"> <li>• Intended purpose of proposed injection well, including exact location of single well, or the section, township, and range location of multiple wells;</li> </ul>			
	<ul style="list-style-type: none"> <li>• Formation name and depth, and expected maximum injection rates and pressures; and</li> </ul>			
<b>XIV. CERTIFICATION</b>	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 _____ <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>Completion/Operation Details:</b> 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)
<b>Injection Lithostratigraphic Units:</b>	<b>Depths (ft)</b>	<b>Injection or Confining Units</b>	<b>Tops</b>	
Adjacent Unit:Litho. Struc. Por.				
Confining Unit:Litho. Struc. Por.				
<b>Proposed Inj Interval TOP:</b>				
<b>Proposed Inj Interval BOTTOM:</b>				
Confining Unit:Litho. Struc. Por.				
Adjacent Unit:Litho. Struc. Por.				
<b>AOR: Hydrologic and Geologic Information</b>				
<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 _____				
<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: <b>Closed</b> or <b>Open</b>				
<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: \_\_\_\_\_

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 427218

**CONDITIONS**

Operator: MACK ENERGY CORP P.O. Box 960 Artesia, NM 882110960	OGRID: 13837
	Action Number: 427218
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

**CONDITIONS**

Created By	Condition	Condition Date
anthony.harris	None	1/31/2025