

C-108 APPLICATION FOR AUTHORIZATION TO INJECT

ADMINISTRATIVE COMPLETENESS CHECKLIST

October 2025

|                 |                                   |
|-----------------|-----------------------------------|
| Well Name:      | Independence SWD No. 1            |
| Applicant:      | Blackbuck New Mexico LLC [373619] |
| PO Number:      | pEG2528350873                     |
| Admin Order ID: | SWD - 2676                        |
| Case No.        | N/A                               |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |   |                           |                          |                             |           |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---|---------------------------|--------------------------|-----------------------------|-----------|-----------------|
| Review Date*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | October 20, 2025 | √ | Administratively COMPLETE | <input type="checkbox"/> | Administratively INCOMPLETE | Reviewer: | Erica L. Gordan |
| *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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |   |                           |                          |                             |           |                 |
| VI. AOR Wells: Verify distance between subject vertical well and adjacent horizontal wells. 330-ft separation min.<br>***Well bore diagram indicates shows a 6” open hole 12,381’ – 13,672’. This design is not acceptable. Extend liner to TD, 13,672’. ***<br>VIII. Geologic Data: Missing from the application is the presence or absence of an underlying USDW.<br>XI. Groundwater Wells: Missing from the application are sampling analysis for the three groundwater wells within the 1-mile AOR. Efforts are ongoing to contact two (2) of the respective water well owners for permission to sample the wells, see Section XI. Groundwater Wells, pdf page 9 of 51. |                  |   |                           |                          |                             |           |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |   |                           |                          |                             |           |                 |

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Online Phone Directory  
<https://www.emnrd.nm.gov/oed/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 519346

CONDITIONS

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|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Operator:<br>NEW MEXICO ENERGY MINERALS & NATURAL RESOURCE<br>1220 S St Francis Dr<br>Santa Fe , NM 87504 | OGRID:<br>264235                                               |
|                                                                                                           | Action Number:<br>519346                                       |
|                                                                                                           | Action Type:<br>[IM-SD] Admin Order Support Doc (ENG) (IM-AAO) |

CONDITIONS

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