

State of New Mexico
Energy, Minerals and Natural Resources Department

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Via E-permitting

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Seismicity Response Protocol Information Form

This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.

Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal wells or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have an approved injection permit but have not yet been drilled or commenced injection.

Well Information

I. Operator: XTO Permian Operating, LLC **OGRID:** 373075 **OCD notification date** _____

Well Name Poker Lake Unit 2 TD State SWD #001 **API#** 30-015-45223

II. Type of Notification: ☒ Original ☐ Amendment ☐ Other

If Other, please describe: _____

III. Seismic event information: **Magnitude** 4.0 **Location** 32.07 **lat,** -103.72 **long. ,** **Date of occurrence** 07/19/2021

Source of information (i.e. USGS, NMTSO, TexNet, other) USGS **Depth of occurrence** 7.83km

IV. Well(s): Provide the following information for each well permitted within a 10-mile proximity of the epicenter.

Injection Order	Distance from epicenter	Perforated and/or open-hole interval (Vertical Depth)	Formation/s completed
SWD-1974	7.41 Miles	OH: 16800'-17743'	Devonian, Fusselman

V. ☒ An updated well bore diagram is required to be attached, which identifies the current injection intervals (perforations and/or open hole), formation tops, measured depth, vertical depths and Sub-Sea True vertical depths.

VI. Well Information Prior to Injection Volume Reduction: Provide the following information for each well identified in Section IV. Daily rates and pressures are based on the active injection days during the prior 6-month period.

Avg daily injection rate (prior to reduction)	Avg injection daily pressure (prior to reduction)	Well Type (Commercial, lease only, single operator)
10858bbls/active inj days avg	37psi/active inj days avg	Single Operator

VII. Well Information After Injection Volume Reduction: Provide the following information for each well identified in Section IV.

Avg daily injection rate limit (post reduction)	Avg injection daily pressure limit (post reduction)	Reduction %	Reduction start date	Reduction achieved date
8144bbls/day	37psi	25%	02/05/2022	02/08/2022

Acknowledgments

Operator acknowledges that it must take the following actions as part of its seismic response protocol:

- ☒ Operator shall report the daily injection volumes and pressures for each well on a weekly basis on the form prescribed by the OCD. The report is due on the Wednesday the week following the weekly monitoring interval.
- ☒ Operator shall start or continue to digitally measure injection volumes and pressures for each well at a minimum of an hourly basis, and shall archive the data and make it available to OCD upon receipt of a written request.
- ☒ Operator shall monitor seismicity events with magnitudes equal to or greater than M2.5 within a radius of 10 miles around each well using USGS / NMTSO data, and shall archive the data and make it available to OCD upon receipt of a written request.
- ☒ Operator shall notify OCD and provide updated pertinent well information within 24 hours of an event greater than M 2.5 within a radius of 10 miles around each well using this OCD form.
- ☒ After each event greater than M 2.5 within a radius of 10 miles around each well, Operator shall inspect well head and well equipment of each well to ensure proper working order. As part of this inspection, Operator should evaluate whether a Bradenhead test or MIT is warranted to ensure wellbore integrity.

I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.

Signature: *Stephanie Rabadue*

Printed Name: Stephanie Rabadue

Title: Regulatory Supervisor

E-mail Address: stephanie.rabadue@exxonmobil.com

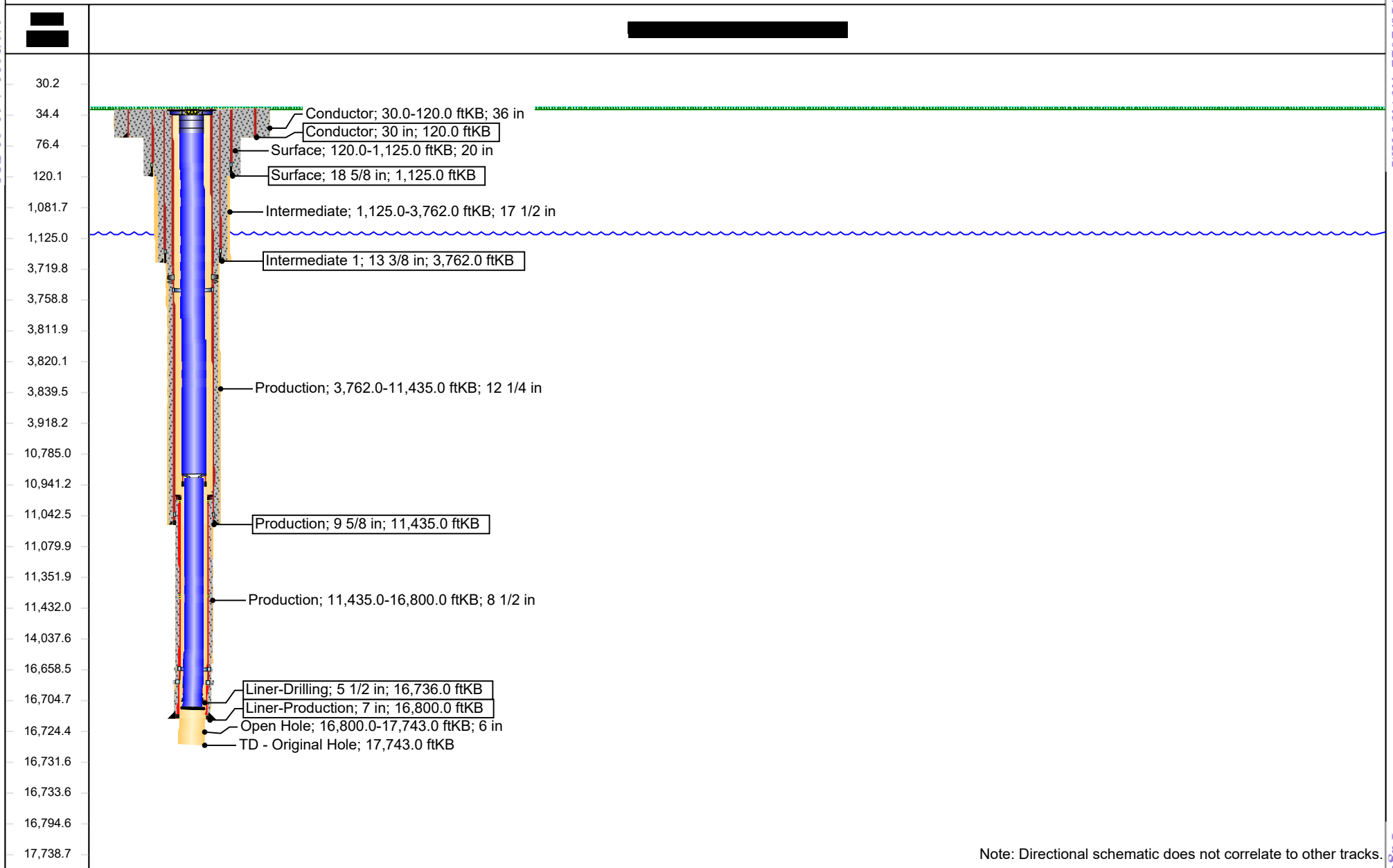
Date: 02/06/2022

Phone: 432-620-6714



Schematic - Current Directional
Well Name: POKER LAKE UNIT 2 TD STATE SWD 001

API/UWI 3001545223	SAP Cost Center ID 1935351001	Permit Number NMOCD	State/Province New Mexico	County Eddy	Ground Elevation (ft) 3,214.00	KB-Ground Distance (ft) 30.00	Surface Casing Flange Elevatio...
Surface Location T26S-R30E-S02			Spud Date 9/21/2019 03:00	Original KB Elevation (ft) 3,244.00			



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District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
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Phone:(505) 476-3470 Fax:(505) 476-3462

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DEFINITIONS

Action 82264

DEFINITIONS

Operator: XTO PERMIAN OPERATING LLC. 6401 HOLIDAY HILL ROAD MIDLAND, TX 79707	OGRID: 373075
	Action Number: 82264
	Action Type: [UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

DEFINITIONS

For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application: <ul style="list-style-type: none">this application's operator, hereinafter "this operator".
This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.
Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal well or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have an approved injection permit but have not yet been drilled or commenced injection.

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QUESTIONS

Action 82264

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	Action Number: 82264
	Action Type: [UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

QUESTIONS

Prerequisites	
Well	[30-015-45223] POKER LAKE UNIT 2 TD STATE SWD #001

Seismic Event Information

The source and reference ID is required, if you would like to submit information of a new seismic event.

Source of information (i.e., USGS, NMTSO, TexNet, other)	USGS
Reference ID from source of information	tx20210alq
Magnitude	4.0
Latitude	32.07000
Longitude	-103.72000
Date of occurrence	07/19/2021
Depth of occurrence (kilometers)	5.00

Injection Order

Please indicate the latest (current) injection order permitting injection for this well.

Admin Order (SWD-#)	SWD-1974-0 [pPRG1903944380]
Hearing Order (R-#)	Not answered.

Well Information

The following information is required for each well permitted within a 10-mile proximity of the epicenter.

Distance from epicenter (miles)	7
Top perforated and/or open-hole interval (vertical depth in feet)	16,800
Bottom perforated and/or open-hole interval (vertical depth in feet)	17,743
Formation(s) completed	Devonian; Fusselman

Well Information Prior to Injection Volume Reduction

Daily rates and pressures are based on the active injection days during the prior 6-month period.

Average daily injection rate (BBLS per day), prior to reduction	10,858
Average injection daily pressure (PSI), prior to reduction	37
Well Type (i.e., Commercial, Lease Only, Single Operator)	Single Operator

Well Information After Injection Volume Reduction

The following information is required for each well permitted within a 10-mile proximity of the epicenter.

Required injection rate reduction percentage (0%, 25%, 50%, Shut-in)	25%
Average daily injection rate (BBLS per day) limit, post reduction	8,144
Average injection daily pressure (PSI) limit, post reduction	37
Reduction start date	02/05/2022
Reduction achieved date	02/08/2022

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	Action Number:	82264
	Action Type:	[UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

ACKNOWLEDGMENTS

<input checked="" type="checkbox"/>	This operator acknowledges that it must take the appropriate following action(s) as part of its seismic response protocol:
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<input checked="" type="checkbox"/>	I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.

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CONDITIONS

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	Action Number: 82264
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CONDITIONS

Created By	Condition	Condition Date
aschaefer	Accepted for record	1/6/2023