



C-108 APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: _____

Applicant: _____

PO Number: _____

Admin. App. No: _____

C-108 Item	Description of Required Content	Yes	No
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).		
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.		
	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 overlying the proposed injection interval, including geologic name and depth to bottom.		
	USDW of all aquifers underlying 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: _____

PO Number: _____

Admin. App. No: _____

C-108 Item	Description of Required Content	Yes	No
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 " <i>affected persons</i> " 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 a 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	<ul style="list-style-type: none"> Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination. 		
	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: 4-29-21 Admin Complete: ✓ or Suspended: Add. Request/Reply:

ORDER TYPE: PMX Number: 298 Order Date: Legacy Permits/Orders: 12-6199F

Well No. 213 Well Name(s): N Hobbs G/SA

API: 30-0 25-27065 Spud Date: New or Old (EPA): (UIC Class II Primacy 03/07/1982)

Footages 1300 FNL 2455 FWL Lot or Unit C Sec 33 Tsp 18 S Rge 38 E County Lea

Latitude: 32.7075844 Longitude 103.1540375 Pool: Pool No.:

Operator: Oxy OGRID: Contact: Joe Jago Email:

COMPLIANCE RULE 5.9: Total Wells: 606 Inactive: 0 Fincl Assur: ✓ Compl. Order? IS 5.9 OK? ✓ Date: 12-29-21

WELL FILE REVIEWED Current Status: active oil well → convert → inj.

WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging: ✓

Planned Rehab Work to Well: convert oil to injector

Well Construction Details		Sizes (in)	Setting	Cement	Cement Top and
		Borehole / Pipe	Depths (ft)	Sx or Cf	Determination Method
Planned <input type="checkbox"/> or Existing <input checked="" type="checkbox"/>	Surface	12 1/4 → 8 5/8	1551	210	CTS
Planned <input type="checkbox"/> or Existing <input type="checkbox"/>	Interm/Prod				
Planned <input type="checkbox"/> or Existing <input type="checkbox"/>	Interm/Prod				
Planned <input type="checkbox"/> or Existing <input checked="" type="checkbox"/>	Prod/Liner	7 7/8 → 5 1/2	4370	525	CTS
Planned <input type="checkbox"/> or Existing <input type="checkbox"/>	Liner				
Planned <input type="checkbox"/> or Existing <input type="checkbox"/>	OH / PERF	4027	4255		
			Inj Length		

Injection Lithostratigraphic Units	Depths (ft)	Injection or Confining Units	Tops
Adjacent Unit: Litho <input type="checkbox"/> Struc <input type="checkbox"/> Por. <input type="checkbox"/>			
Confining Unit: Litho <input type="checkbox"/> Struc <input type="checkbox"/> Por. <input type="checkbox"/>			
Proposed Inj Interval TOP:			
Proposed Inj Interval BOTTOM:			
Confining Unit: Litho <input type="checkbox"/> Struc <input type="checkbox"/> Por. <input type="checkbox"/>			
Adjacent Unit: Litho <input type="checkbox"/> Struc <input type="checkbox"/> Por. <input type="checkbox"/>			

Completion/Operation Details:	
Drilled TD <u> </u>	PBTD <u> </u>
NEW TD <u> </u>	NEW PBTD <u> </u>
NEW Open Hole <input type="checkbox"/>	NEW Perfs <input checked="" type="checkbox"/>
Tubing Size <u> </u> in.	Inter Coated? <u> </u>
Proposed Packer Depth <u>3950</u> ft	
Min. Packer Depth <u>✓</u> (100-ft limit)	
Proposed Max. Surface Press. <u> </u> psi	
Admin. Inj. Press. <u> </u> (0.2 psi per ft)	

AOR: Hydrologic and Geologic Information

POTASH: R-111-P Noticed? ☐ BLM Sec Ord WIPF Noticed? ☐ Salt/Salado T: B: NW: Cliff House fm

USDW: Aquifer(s) Max Depth HYDRO AFFIRM STATEMENT By Qualified Person ☐

NMOSE Basin: NW shelf CAPITAN REEF: thru NA adj ☐ NA ☐ No. GW Wells in 1-Mile Radius? 14981 FW Analysis?

Disposal Fluid: Formation Source(s) SA Analysis? case On Lease ☐ Operator Only ☐ Commercial ☒

Disposal Interval: Inject Rate (Avg/Max BWPD): Protectable Waters? Source: System: Closed ☐ or Oper ☐

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 NA 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: CBP, EQ-none, faults, NW-SE-many, E of S31

Additional COAs: