

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: _____ **OGRID:** _____ **OCD notification date** _____

Well Name _____ **API#** _____

II. Type of Notification: Original Amendment Other

If Other, please describe: _____

III. Seismic event information: Magnitude _____ **Location** _____ **lat,** _____ **long. ,** _____ **Date of occurrence** _____
Source of information (i.e. USGS, NMTSO, TexNet, other) _____ **Depth of occurrence** _____

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

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)

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

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:

Printed Name:

Title:

E-mail Address:

Date:

Phone: