- In order to submit your Disclosure Form follow these steps
  1. Open your Web Browser
  2. Click on Address Bar on the top tool bar
  3. Key in http://www.emnrd.state.nm.us/ocd/
  4. Locate OCD Online on the left list of the Home Page
  5. Click OCD Online
  6. Click E-permitting
  7. Click on Sign In
  8. Enter your Login Id and Password
  9. Click Sign In
  10. Under Submit Forms locate Other
  11. Click Other
  12. Click Hydraulic Fracturing Fluid Disclosure Form
  13. Click Create Fracking Disclosure
  14. Click Get Wells (if long well list you can enter a filter)
  15. Choose well from Drop Down List
  16. Click Create a Disclosure for this Well
  17. Complete the General Information tab
  18. Click on Fluids tab
  19. Click on New Compound
  20. Enter values for the compound
  21. Click on New Ingredient
  22. Click Update in order to save the values
  23. Repeat steps 21 and 22 for each ingredient in that compound
  24. For each compound click Save
  25. Repeat steps 19 through 24 for each compound
  26. Click on Warnings/Submit tab
  27. If no Warnings; click on Certify
  28. If Warnings appear return to appropriate tab and include the requested information

Managing your Disclosures:

- Disclosures can be filtered based on status using the drop down list
- The submission process can be resumed by clicking on Edit
- A certified Disclosure can be viewed by clicking on View
- A draft can be deleted by clicking on Delete

Measurements and dimensions are to be in feet/inches. Well locations will refer to the New Mexico Principal Meridian.

IF THIS IS AN ORIGINAL REPORT CHECK THE BOX LABELED “ORIGINAL” AT THE TOP OF THE DOCUMENT.
IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED" AT THE TOP OF THE DOCUMENT.

1 API number of this well.

2 Well name is the property name.

3 The number of this well on the property.

4 The surface hole location of this well.

5 The bottom hole location of this well at its terminus. (see OCD Rule 19.15.16.7.N)

6 The surveyed location of this well New Mexico Principal Meridian; include NAD type.

7 The County in which the well is located. If the well crosses county lines, list both counties.

8 Operator's name and address.

9 Operator's OGRID number.

10 Operator’s phone number to call for questions about this report.

11 The date the last fracture occurs and the name of the company who performed the fracture.

12 Production type code from the following table:

O Oil completion
G Gas completion
I Injection well
C Carbon dioxide well

13 Pool code or codes where the hydraulic fracture occurred. Pool Codes and names can be found on OCD webpage: statistics: useful information.

14 Gross Fractured Interval means the upper and lower depths of the interval that is fractured.
**NOTE:** If this is a confidential well ("tight hole") this may be left blank. However, this information must be included on an amended Hydraulic Fracturing Fluid Disclosure form to be filed after the period of confidentiality for this well has expired.

15 True Vertical Depth is the terminus of the well if a vertical well or the deepest true vertical depth that a horizontal well bore penetrates.

16 The Total Volume of Fluid Pumped is the amount of all fluids pumped in barrels.

17 Hydraulic Fluid Composition and Concentration

Trade Name – the trade name of the product used
Supplier – the name of the product manufacturer
Purpose – the intended purpose of the product used
Ingredients – the ingredients in the product used
Chemical Abstract Service # - the number assigned to the product by CAS, a division of the American Chemical Society
Maximum Ingredient Concentration in Additive (% by mass) – the amount of the ingredient in the product
Maximum Ingredient Concentration in HF Fluid (% by mass) – the amount of the ingredient in the Hydraulic Fracturing Fluid
*NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.

18 The signature, printed name, title, and e-mail address of the person authorized to make this report. The date this report was signed. Direct phone number of person who filled out form.