

Submit a Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-20592
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Brine Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Llano Disposal, LLC		6. State Oil & Gas Lease No. Salado BSW
3. Address of Operator P.O. Box 250, Lovington, NM 88260		7. Lease Name or Unit Agreement Name State 27
4. Well Location Unit Letter <u>L</u> : 1980 feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>27</u> Township <u>16S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4201		9. OGRID Number <u>370661</u>
		10. Pool name or Wildcat BSW Salado

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Cavern MIT <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Llano Disposal, LLC is submitting this follow up report ( and results) for the conclusion of a successful MIT performed on 5/7/2024 with the assistance of Gary Robinson, OCD. Please see the attached pages for the Bradenhead Test Report and other pertinent data.

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Elizabeth Pickerel TITLE Brine Manager DATE 05/8/2024

Type or print name Elizabeth Pickerel E-mail address: service.llanobrine@gmail.com PHONE: 575-605-6490

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM  
 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-20592
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Brine Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Llano Disposal, LLC		6. State Oil & Gas Lease No. Salado BSW
3. Address of Operator P.O. Box 250, Lovington, NM 88260		7. Lease Name or Unit Agreement Name State 27
4. Well Location Unit Letter <u>L</u> : 1980 feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>27</u> Township <u>16S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4201		9. OGRID Number <u>370661</u>
		10. Pool name or Wildcat BSW Salado

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cavern MIT <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1) Shut well off 24 hours prior to testing.
- 2) Have pump truck on location prior to scheduled test time, loaded with 120 bbls water.
- 3) Have recently inspected and calibrated pressure recorder on location. Pressure recorder will be equipped with the proper 500 psi range paper charts.
- 4) Wait for NMOCD field technician to arrive on location to witness this 4-hour test.
- 5) Tie pump truck onto well as directed.
- 6) Connect chart recorder to wellhead to record pressure during test period. Place 500 psi paper chart into recorder. Activate chart recorder (turn recorder on and off to verify chart recorder pen are working).
- 7) Using pump truck, load well, then bring pressure up to NMOCD specified test pressure. Test pressure of at least 300 psi.
- 8) Shut pump truck down, disconnect pump truck. Isolate well to pressure recorder.
- 9) With well so isolated to pressure recorder, allow recorder to chart pressure for duration of test.
- 10) At the end of the test period, remove pressure chart, then present to NMOCD witness for processing and further direction.
- 11) Write down date, type of test, witnesses, witness signatures, and the start and end pressure on the chart.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Elizabeth Pickerel TITLE Brine Manager DATE 04/28/2024

Type or print name Elizabeth Pickerel E-mail address: service.llanobrine@gmail.com PHONE: 575-605-6490

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

**Chavez, Carl, EMNRD**

---

**From:** Laura Angell <llanodisposal@gmail.com>  
**Sent:** Wednesday, May 8, 2024 4:01 PM  
**To:** Chavez, Carl, EMNRD  
**Cc:** Laura Angell; Marvin Burrows  
**Subject:** [EXTERNAL] Follow up MIT C103Z Sundry  
**Attachments:** BW-38 C-103 Z 05082024.pdf; BW-38 HBB 05072024 MIT Results.pdf

**CAUTION:** This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Good afternoon Carl..

I have uploaded the C103Z and supporting documents. They can be found under Action ID: 342047.

I have also attached them for your reference.

Please let me know if you have any questions.

Thanks,  
Laura Angell  
575-399-5880

District I  
1433 N. French Dr., Hobbs, NM 88249  
Phone: (575) 322-6151 Fax: (575) 322-6720

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

## BRADENHEAD TEST REPORT

Operator Name <b>LAND DISPOSAL</b>	API Number <b>38-025-20592</b>
Property Name <b>STATE 27</b>	Well No. <b># 1</b>

## 1. Surface Location

UL Lot <b>L</b>	Section <b>27</b>	Township <b>16S</b>	Range <b>33E</b>	Feet from <b>1980</b>	NS Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LEA</b>
--------------------	----------------------	------------------------	---------------------	--------------------------	---------------------	-------------------------	----------------------	----------------------

## Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJECTOR INJ	SWD	OIL	PRODUCER	GAS	DATE <b>5-7-24</b>
------------------	----	-----	---------------	-----------------	-----	-----	----------	-----	-----------------------

**BRINE WELL**

## OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>Cemented</b>	<b>Cemented</b>		<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Used for
Water	Y / N	Y / N	Y / N	Y / N	Water level

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**Brine Well NOT Casing/Cavern MT/BHT**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <b>Gay Johnson</b>	

## General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form

Designate what applies to the result of opening the valves for each string

• Blow or Puff	Yes or No
• Bled down to Nothing	Yes or No
• Steady Flow	Yes or No
• Oil or Gas	Yes or No
• Water	Yes or No

Start: Injection or SWD pump so tubing pressure can be read

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure

1. Record pressure reading on gauge
2. Bleed and note time elapsed to bleed down
3. Leave valve open for additional observation
4. Note any fluids expelled

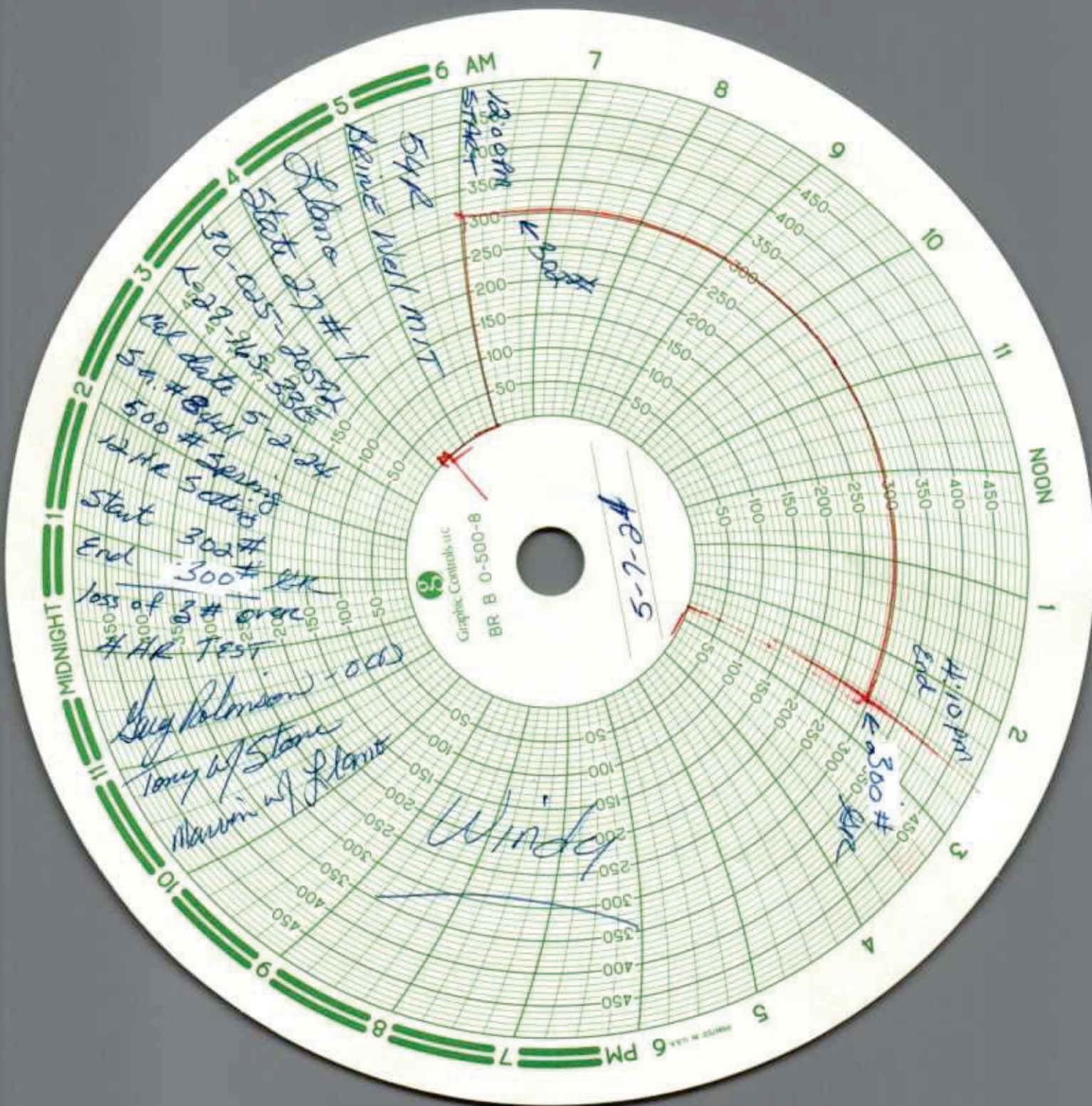
In absence of Pressure.

1. Leave valve open for additional observation.
2. Note types of fluids expelled
3. Note if fluids persist throughout test

Note: Tubing pressure on injection or SWD wells

Test will be signed by person performing test with a contact phone number.





# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS, NM 88240

T0: LLANO DISPOSAL

Date: 5/2/24

This is to certify that:

I, EBARISTO CRUZ, technician for American Valve & Meter Inc. Has checked the calibration of the following instrument.

8' Pressure recorder

Ser# 8441

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	- 0	-	- 0
- 250	- s	- 250	-	- c	-
- 350	- a	- 350	-	- a	-
- 500	- m	- 500	-	- l	-
- 100	- e	- 100	-	-	-
- 0	-	- 0	-	-	- 0

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Ebaristo Cruz

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

COMMENTS  
  
Action 342047

COMMENTS

Operator: LLANO DISPOSAL, L.L.C. P.O. Box 250 Lovington, NM 88260	OGRID: 370661
	Action Number: 342047
	Action Type: [C-103] Sub. General Sundry (C-103Z)

COMMENTS

Created By	Comment	Comment Date
cchavez	C-103Z Cavern MIT Final Test Results- PASS	5/9/2024



**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 342047

CONDITIONS

Operator: LLANO DISPOSAL, L.L.C. P.O. Box 250 Lovington, NM 88260	OGRID: 370661
	Action Number: 342047
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
cchavez	None	5/9/2024