



Submit 1 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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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    Gas Well    Other    BSW		5. Indicate Type of Lease STATE    x    FEE
2. Name of Operator Llano Disposal, LLC		6. State Oil & Gas Lease No. Salt lease w/ SLO
3. Address of Operator PO Box 250, Lovington NM 88260		7. Lease Name or Unit Agreement Name State 27
4. Well Location Unit Letter    L    :    1980    feet from the    S    line and    660    feet from the    W    line Section    27    Township    16S    Range    33E    NMPM    County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 370661
		10. Pool name or Wildcat Salado brine generation lease.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK    PLUG AND ABANDON  
TEMPORARILY ABANDON    CHANGE PLANS  
PULL OR ALTER CASING    MULTIPLE COMPL  
  
DOWNHOLE COMMINGLE  
CLOSED-LOOP SYSTEM  
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK    ALTERING CASING  
COMMENCE DRILLING OPNS.    P AND A  
CASING/CEMENT JOB

NOV 12 2019 PM 01:20

OTHER:    Casing and brine cavity pressure test.

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.

On 11/7/19, met on location w/ OCD Dist 1 rep Gary Hamilton to perform scheduled casing/brine cavity test on this well. Connected truck and chart pressure recorder (recorder w/ valid cal date) to perform 4 hour static pressure test. Ran test for 4+ hours. Well lost 1 psi according to chart. Per direction from Santa Fe OCD and Dist 1 rep, we returned the well to brine production immediately after conclusion of this test.

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 Marvin Burrows TITLE \_\_\_\_\_ Agent for \_\_\_\_\_ DATE 11/08/19

Type or print name Marvin Burrows E-mail address: burrowsmarvin@gmail.com PHONE 575-631-8067

**For State Use Only**

APPROVED BY: Carol J. Chavez TITLE Environmental Engineer DATE 11/12/2019

Conditions of Approval (if any):

# CHARTS LTD.

GAS MEASUREMENT

CALIBRATION CERTIFICATE			
Cert Date:			7/11/2019
Due Date:			7/11/2020

Customer: AMERICAN VALVE & METER INC  
 Model: BULLFROG 8"  
 Serial: 8441

This is to certify that this instrument has been inspected and tested against  
 ADDITEL Digital Gauge ADT680-GP30K, SN: 218183B0028 Calibrated  
 (04/25/2019) Due Date (04/25/2020) Reference Standard used in this calibration  
 are traceable to the Si Units through NIST. This calibration is compliant to  
 ISO/IEC 17025:2017 and ANSI/NC SL Z540-1:R2002.

This instrument is certified to be accurate within +/- 1% of Full Scale

Input Type/ Range: 500#		Color: RRED	
Pen Number: 2			
Ascending		Descending	
Applied:	Reading:	Applied :	Reading:
0	0	499	500
99	100	398	400
248	250	249	250
398	400	100	100
499	500	0	0

2031 TRADE DR.  
 MIDLAND, TX 79706  
 (432) 697-7801 (432) 520-3564

Technician: *Suanna Jones*

## PERFORMING BRADENHEAD TEST

### 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.

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

BRADENHEAD TEST REPORT

Operator Name <i>L/ano Disposal</i>		API Number <i>30-025-20592</i>
Property Name <i>STATE 27</i>		Well No. <i>1</i>

2. Surface Location

UL - Lot <i>2</i>	Section <i>27</i>	Township <i>16S</i>	Range <i>33E</i>	Feet from <i>1980</i>	N/S Line <i>5</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>11-7-19</i>
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*BRINE WELL*

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Cemented</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / <i>N</i>	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / <i>N</i>	WTR
Surges	Y / N	Y / N	Y / N	Y / <i>N</i>	GAS
Down to nothing	Y / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / N	Y / N	Y / N	Y / <i>N</i>	Waterflood if
					applies

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

*BRINE WELL  
MIT*

*C-103  
chart  
CAL. papers  
BHT*

*send to Carl  
and  
Hobbs office*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test <i>JK</i>
E-mail Address:		
Date:	Phone:	
	Witness: <i>Gary Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM