

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

OIL CONSERVATION DIVISION
HOBBS OGD
1220 South St. Francis Dr.
Santa Fe, NM 87505
JUL 24 2019

Form C-103
Revised July 18, 2013

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other BSW	WELL API NO. 30-025-20592
2. Name of Operator Llano Disposal LLC	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO BOX 250 Lovington NM 88260	6. State Oil & Gas Lease No.
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	7. Lease Name or Unit Agreement Name State "27"
	8. Well Number 185W 387
	9. OGRID Number 370661
	10. Pool name or Wildcat Brine (96173)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4201	

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: Casing/Cavity test <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.

Llano Disposal LLC would like to schedule a
Casing/Cavity Pressure test for this well on July 31
2019
@ 8:30 a.m.

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 Gaskins TITLE Agent DATE 7-24-19
Type or print name Elizabeth Gaskins E-mail address: Service@llano.com PHONE: 575-602-2503
For State Use Only
APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 7-25-19
Conditions of Approval (if any):