

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- 25-26370
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> BSW		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 PO Box 250, Lovington, NM 88260		7. Lease Name or Unit Agreement Name State 4 # 1
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>4</u> Township <u>13S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3997 GR		9. OGRID Number 370661
		10. Pool name or Wildcat BSW

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 would like to schedule a casing/cavity pressure test (MIT) for this well on Monday, October 23, 2023, at 9:00 AM.

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 10/16/2023

Type or print name Elizabeth Pickerel E-mail address: service.llanobrine@gmail.com PHONE: 575- 605 6400

For State Use Only

APPROVED BY: Carl J. Shivers TITLE Environmental Engineer DATE 10/19/2023

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
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COMMENTS

Action 276104

COMMENTS

Operator: LLANO DISPOSAL, L.L.C. P.O. Box 250 Lovington, NM 88260	OGRID: 370661
	Action Number: 276104
	Action Type: [C-103] NOI General Sundry (C-103X)

COMMENTS

Created By	Comment	Comment Date
cchavez	C-103X Cavern MIT (4-Hr. Test) Sundry Request	10/19/2023

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CONDITIONS

Created By	Condition	Condition Date
cchavez	None	10/19/2023