

1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88201
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

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

5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. SALT (510)
7. Lease Name or Unit Agreement Name STATE 27
8. Well Number 1
9. OGRID Number 370661
10. Pool name or Wildcat SALADO

SUNDY 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 <u>B5W</u>
2. Name of Operator LLANO DISPOSAL, LLC
3. Address of Operator P.O. BOX 250, LOVINGTON NM 88260
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>27</u> Township <u>16</u> Range <u>33</u> NMMP County <u>LEA</u>

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	<u>CLEAR SALT</u>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	<u>BLOCKAGE</u>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input 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.

It is our intention to rig up Friday morning, 9/18/20, to pick up on tubing to clear salt bridge. (Lucky Services)

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 DATE 9/15/20

Type or print name MARVIN BURROWS E-mail address: BURROWS PHONE: 575-68067
For State Use Only MARVIN@GMAIL.COM

APPROVED BY: Larry Robinson TITLE Compliance Officer A DATE 10-21-2020

Conditions of Approval (if any): (1) - continued verbal communication with operator to continue.
(2) - final approval contingent upon receipt of C-105 form requested by OCD on 10-19-2020