

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. 30-025-30701
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other 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.
3. Address of Operator PO Box 250, Lovington, NM 88260		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>26</u> Township <u>17 S</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.) 3831' MSL		9. OGRID Number 370661
		10. Pool name or Wildcat BWS

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: <u>MIT</u> <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.

It is Llano's intention to schedule/run a MIT casing/cavity pressure test on this well on Wednesday, January 28, 2026. Please see attached documentation for additional details.

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 Llano Disposal, LLC DATE 1/21/26

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Llano Disposal, LLC
BW-35 API 30-025-30701

- 1) It is the intention of Llano Disposal LLC to perform a brine cavity pressure test (MIT) on our Siringo AC St. # 1 bw-35 API 30-025-30701.
- 2) We would like to schedule this test to begin at 11:00 AM on Wednesday, January 28th, 2026. We will notify the Hobbs NMOCD office by telephone well in advance of the test.
- 3) We will prepare the well for testing by exposing and opening all casing risers, isolating well piping from all external connections, and assuring that all equipment is in good working order.
- 4) We will pressure up on the entire system (casing and cavern) by pumping on the tubing string (the OCD required regimen of pressuring the system for the production of brine water) until static pressure reaches 325 PSIG. We will have a recently calibrated and certified pressure recorder connected that is equipped with a spring of 500 PSI rating, a matching 500 psi chart, and a 12 hour clock.
- 5) We will be prepared to monitor the well with OCD witness for the full duration of the 4-hour test. We will use water as a testing media.
- 6) After the test has been completed, the chart will be labeled to note operator name, well name, well API number, and well legal location. We will note on the chart that test pressure was applied to the casing, tubing, and formation, or "Testing Procedure # 1".
- 7) A representative of Llano Disposal, LLC will sign and date the pressure chart for presentation to the OCD witness on site.

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

COMMENTS

Action 545455

COMMENTS

Operator: LLANO DISPOSAL, L.L.C. P.O. Box 250 Lovington, NM 88260	OGRID: 370661
	Action Number: 545455
	Action Type: [C-103] NOI General Sundry (C-103X)

COMMENTS

Created By	Comment	Comment Date
cchavez	C-103X MIT NOI to Perform MIT.	1/22/2026

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CONDITIONS

Action 545455

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Operator: LLANO DISPOSAL, L.L.C. P.O. Box 250 Lovington, NM 88260	OGRID: 370661
	Action Number: 545455
	Action Type: [C-103] NOI General Sundry (C-103X)

CONDITIONS

Created By	Condition	Condition Date
cchavez	1. Contact the OCD Hobbs Office to confirm date and time to witness "Cavern MIT" (4-Hr.). 2. Inspectors appreciate adherence to schedule as they have other wells in the area to inspect during their well test visit.	1/22/2026