

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

WELL API NO. <i>30-025-30701</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>SALADO</i>
7. Lease Name or Unit Agreement Name <i>SIRINGO ACS ST.</i>
8. Well Number <i>1</i>
9. OGRID Number <i>370661</i>
10. Pool name or Wildcat <i>BSW (Brine)</i>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <i>3831' MSL</i>

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 Gas Well Other

2. Name of Operator
Llano Disposal, LLC

3. Address of Operator
P.O. Box 190, Lovington NM 88260

4. Well Location
 Unit Letter *D* : *660* feet from the *N* line and *660* feet from the *W* line
 Section *26* Township *17S* Range *36E* NMPM County *LEA*

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	<i>Brine Cavity</i>	OTHER:	
CLOSED-LOOP SYSTEM	<i>PR. TEST.</i>		
OTHER: <input checked="" 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.

We will be perform a Brine Cavity pressure test on this well on Tuesday, September 5th AT 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 *Marvin Burrows* TITLE *Agent for* DATE *8/30/17*

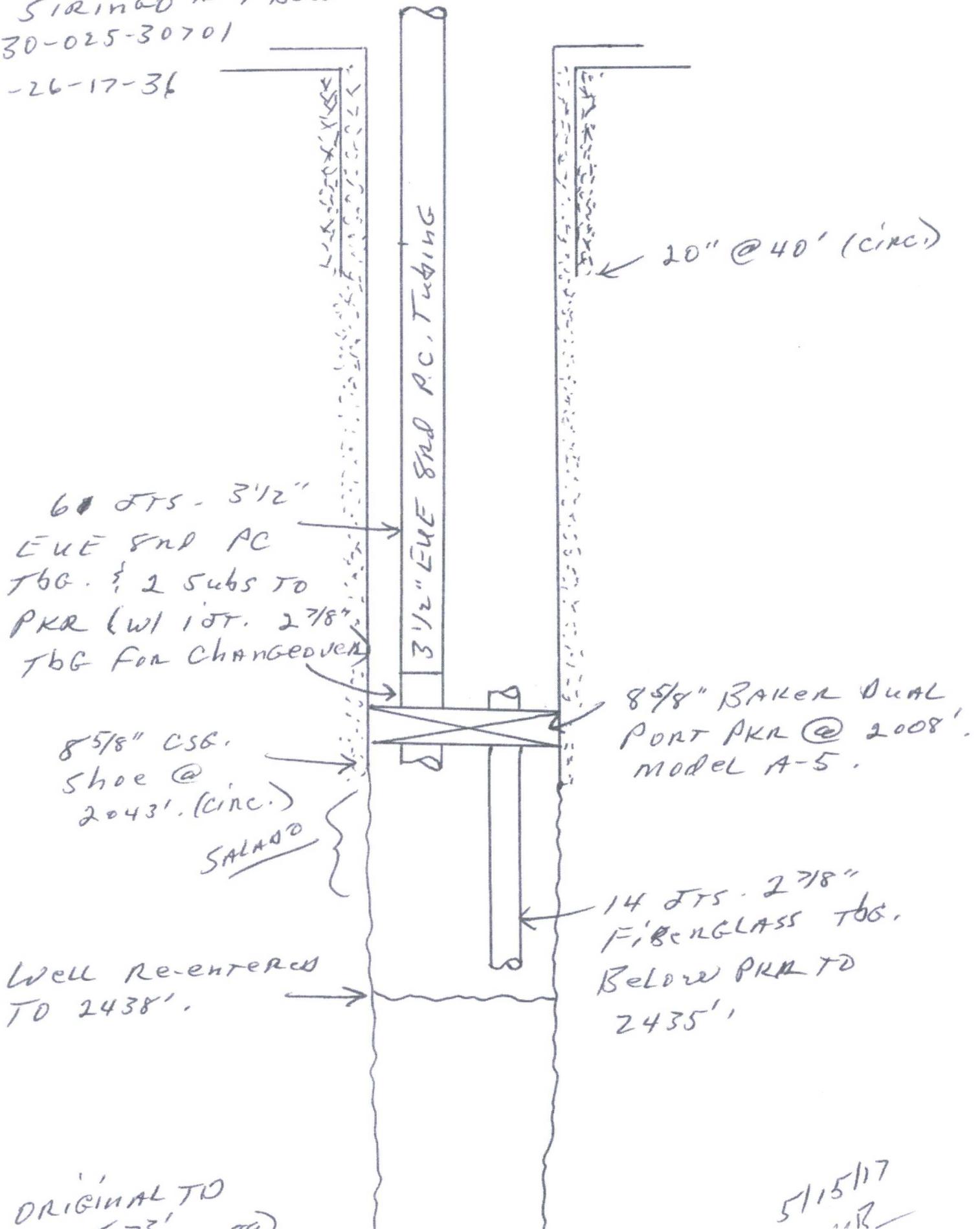
Type or print name *Marvin Burrows* E-mail address: *BurrowsMARVIN@GMAIL.COM* PHONE: *575-631-8067*

APPROVED BY: *Maley S Brown* TITLE *AO/II* DATE *8/30/2017*

Conditions of Approval (if any):

LLANO NIS...
SIRINGO # 1 BSW.
30-025-30701

3-26-17-36



5/15/17
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