

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

HOBBS OCD
 NOV 13 2019
RECEIVED

WELL API NO. 30-025-20592
5. Indicate Type of Lease STATE x FEE
6. State Oil & Gas Lease No. Salt lease w/ SLO
7. Lease Name or Unit Agreement Name State 27
8. Well Number 1
9. OGRID Number 370661
10. Pool name or Wildcat Salado brine generation lease.
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other BSW

2. Name of Operator
Llano Disposal, LLC

3. Address of Operator
PO Box 250, Lovington NM 88260

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

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK PLUG AND ABANDON</p> <p>TEMPORARILY ABANDON CHANGE PLANS</p> <p>PULL OR ALTER CASING MULTIPLE COMPL</p> <p>DOWNHOLE COMMINGLE</p> <p>CLOSED-LOOP SYSTEM</p> <p>OTHER:</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK ALTERING CASING</p> <p>COMMENCE DRILLING OPNS. P AND A</p> <p>CASING/CEMENT JOB</p> <p>OTHER: Casing and brine cavity pressure test.</p>
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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.

On 11/7/19, met on location w/ OCD Dist 1 rep Gary Hamilton to perform scheduled casing/brine cavity test on this well. Connected truck and chart pressure recorder (recorder w/ valid cal date) to perform 4 hour static pressure test. Ran test for 4+ hours. Well lost 1 psi according to chart. Per direction from Santa Fe OCD and Dist 1 rep, we returned the well to brine production immediately after conclusion of this test.

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 11/08/19

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

APPROVED BY: Kerry Fisher TITLE C.O. A DATE 11-15-19

Conditions of Approval (if any):

CHARTS Ltd.

GAS MEASUREMENT

CALIBRATION CERTIFICATE

Cert Date:	7/11/2019
Due Date:	7/11/2020

Customer:	AMERICAN VALVE & METER INC
Model:	BULLFROG 8"
Serial:	8441

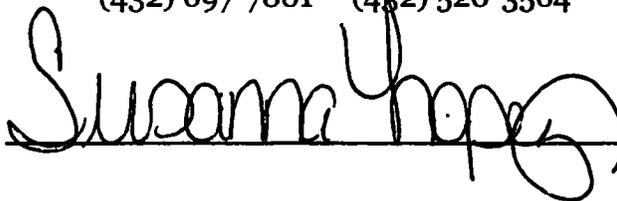
This is to certify that this instrument has been inspected and tested against ADDITEL Digital Gauge ADT680-GP30K, SN: 218183B0028 Calibrated (04/25/2019) Due Date (04/25/2020) Reference Standard used in this calibration are traceable to the SI Units through NIST. This calibration is compliant to ISO/IEC 17025:2017 and ANSI/NCSL Z540-1:R2002.

This instrument is certified to be accurate within +/- 1% of Full Scale

Input Type/ Range: 500#		Color: RRED	
Pen Number: 2			
<u>Ascending</u>		<u>Descending</u>	
Applied:	Reading:	Applied :	Reading:
0	0	499	500
99	100	398	400
248	250	249	250
398	400	100	100
499	500	0	0

2031 TRADE DR.
MIDLAND, TX 79706
(432) 697-7801 (482) 520-3564

Technician:



State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Llano Disposal</i>		API Number <i>30-025-20592</i>
Property Name <i>STATE 27</i>		Well No. <i>1</i>

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
<i>L</i>	<i>27</i>	<i>16S</i>	<i>33E</i>	<i>1980</i>	<i>S</i>	<i>660</i>	<i>W</i>	<i>LEA</i>

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO <input checked="" type="radio"/> YES	SHUT-IN NO	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>11-7-19</i>
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BRINE WELL

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Cemented</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Field
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Isolated for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*BRINE WELL
MIT*

*C-103
chart
CAL. papers
BHT*

*send to Carl
and
Hobbs office*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test <i>WR</i>
E-mail Address:		
Date:	Phone:	
	Witness: <i>Gary Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM