

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

HOBBS OCD

OIL CONSERVATION DIVISION

JUL 05 2018

1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

WELL API NO. 300-41-20979
5. Indicate Type of Lease. STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
8. Well Number Lisa 14 Fee 001
9. OGRID Number 372658
10. Pool name or Wildcat

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Yates Industries	
3. Address of Operator 403 W San Francisco Street Santa Fe NM 87501	
4. Well Location Unit Letter <u>M</u> : <u>351</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>12</u> Township <u>7S</u> Range <u>33E</u> NMPM County <u>Roosevelt</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4349	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒ Change well name

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.

Please change well name from Lisa 14 Fee 001 to Lisa 12 Fee 001

NEW PROPERTY ID 321639

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

J. Rosenburg

TITLE

CONSULTANT

DATE

7/2/18

Type or print name

JEANETTE ROSENBERG

E-mail address:

jeanette@permitswest.com

PHONE:

505-466-8120

For State Use Only

APPROVED BY:

[Signature]

TITLE

Petroleum Engineer

DATE

07/05/18

Conditions of Approval (if any):