

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88241

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

**HOBBS OGD**

**JUL 20 2018**

**RECEIVED**

**OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.  
30-041-20979

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Lisa 12 Fee

8. Well Number 1

9. OGRID Number 372658

10. Pool name or Wildcat  
Chhaveroo; Permo Penn, North

**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

Yates Industries LLC

3. Address of Operator

403 W. San Francisco St., Santa Fe NM 87501

4. Well Location

Unit Letter: M

351 feet from the South line and 660 feet from the West line

Section 12

Township 7 S

Range 33 E

NMPM Roosevelt County

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

4349' GL

**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: ☐

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.

Will change intermediate hole size from 11" to 12.25" and intermediate cement from 885 sx to 1440 sx.

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

TITLE Consultant

DATE 7-17-18

Type or print name Brian Wood

E-mail address: brian@permitswest.com

PHONE: (505) 466-8120

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):