

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 OCD
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 [X]
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
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4349' GL

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 [X] 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 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 [X]
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 [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: [Signature] TITLE Staff Mgr DATE 7-23-18
Conditions of Approval (if any):

[Handwritten mark]