

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. 30-015-20229

5. Indicate Type of Lease  
STATE ☐ FEDERAL ☒

6. State Oil & Gas Lease No.

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 ☒ Injection

2. Name of Operator Ready Oil & Gas Management

3. Address of Operator Box 381 Artesia, N.M. 88211

4. Well Location  
Unit Letter \_\_\_\_\_ : \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
Section 13 Township 20 Range 28 NMPM Feddy County NM

7. Lease Name or Unit Agreement Name:  
NMLC 050797  
Wills Federal

8. Well No. 43

9. Pool name or Wildcat  
Russell

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3251'

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Return Well to Compliant Status.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE B. Delor TITLE Prop. DATE 11-

Type or print name Buddy Delor Telephone No. 505-746-2802  
(This space for State use)

APPROVED BY Record TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any: