5139.01112 23 3			Sept. State		
Form 3180-5 August 1999) PECCANE DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT ITES 18 BUREAU OF LAND MANAGEMENT ITES 18 AUGUST 18 AU			V-Dist. –		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allotte	50797 e or Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well DOI Well Gas Well Other				8. Well Name and No. 14/11/5 Federal #37	
2 Name of Operation				9 API Well No.	
2. Name of Operation Ready Dilt Las Mot. 32. Address 30. Phone No. (include area code)				30-015- 10099	
P.D. Box 380 Artesia, N.M. 1 505 746-4716				10. Field and Pool, or Exploratory Area Russell - Yates	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description). 				11. County or Parish	, State
<u>660</u> ENL	<u>_2430</u> F	E[]][]]		Eddy L	o. N.M.
	TOP OPPLATE BOY/ES) T	O INDICATE NATU	RE OF NOTICE, RE		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R TYPE OF ACTION					
TYPE OF SUBMISSION		Deepen	Production (Start/	Resume) 🔲 W	ater Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		eli Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete Temporarily Aba		her
Final Abandonment Notice	Change Plans Convert to Injection	 Plug and Abandon Plug Back 	Water Disposal		
If the proposal is to deepen a Attach the Bond under which following completion of the i testing has been completed. determined that the site is rea	eted Operation (clearly state all per irectionally or recomplete horizont a the work will be performed or pr involved operations. If the operation Final Abendonment Notices shall dy for final inspection.)	by the Bond No. on file on results in a multiple com be filed only after all requi	with BLM/BIA. Requin pletion or recompletion is rements, including rectan	ed subsequent reports	shall be filed within 50 days
CHANGE WI	ELL NAME TO-	Russell US		_	
				:	
				1	
14. I hereby certify that the foreg Name (Printed/Typed)	oing is true and correct E. Budd y De LO	NQ Title	ON NEZ	<u></u>	
Signature	e det	Date	2-1-03		
	THE SPACE	FOR FEDERAL OR S			
	and the second			Date	
Approved by Conditions of approval, if any, a certify that the applicant holds k which would entitle the applicant	re attached. Approval of this noti egal or equitable title to those rigit to conduct operations thereon.		ffice	Tyange	
	Title 43 U.S.C. Section 1212, mak	e it a crime for any person	knowingly and willfully t	o make to any departs	ment or agency of the United

The 15 U.S.C. Section 1001 and The 45 U.S.C. Section 1212, master a crime for any person anowingly and States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

