Office Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Reso	Durces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-015-40852
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DEEPEN OR PLUG BACK TION FOR PERMIT" (FORM C-101) FOR SUCH	PINNACLE STATE 36
	as Well Other	8. Well Number 30H
2. Name of Operator RKI EXPL	ORATION & PRODUCTION	9. OGRID Number 246289
3. Address of Operator	' AVE STE 000 OKC OK 79100	10. Pool name or Wildcat
4. Well Location	(AVE, STE. 900, OKC, OK 73102	CULEBRA BLUFF; BONE SPRING, S.
1	250 _feet from theNORTHlin	ne and 785 feet from the WEST line
Section 36	Township 22S Range 28	BE NMPM County EDDY
The second secon	11. Elevation (Show whether DR, RKB, R 3125' GR	T, GR, etc.)
	3123 GH	
12. Check Ap	propriate Box to Indicate Nature of	f Notice, Report or Other Data
NOTICE OF INT	FNTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DIAL WORK ALTERING CASING
TEMPORARILY ABANDON ☐	CHANGE PLANS COMM	IENCE DRILLING OPNS.□ PAND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASIN	G/CEMENT JOB
DOWNHOLE COMMINGLE	·	
CLOSED-LOOP SYSTEM		
OTHER: (SEE BELOW)	OTHER	details, and give pertinent dates, including estimated date
		fultiple Completions: Attach wellbore diagram of
proposed completion or recor		, , ,
BKI RESPECTEULLY BE	OLIEST A 1 YEAR EXTENSION FOR	R THE PINNACLE STATE 36-30H APD THAT WAS
	AND WILL EXPIRE 11/27/2014.	· ·
7.1.110.123.1172.72012		
	- 	NM OIL CONSERVATION
: Extension	Approved ending	ARTESIA DISTRICT
181	Approved ending	'NOV 1 8 2014
11-27-20	<u>45</u>	
		RECEIVED
Spud Date:	Rig Release Date:	
71 1 (C) 1 (d) (C) (d) (d)		
I hereby certify that the information at	ove is true and complete to the best of my	knowledge and belief.
SIGNATURE Fluother B	TITLE REGULATOR	
SIGNATURE TOURS	IIILE REGULATOR	RY ANALYST DATE 11/12/2014
Type or print name HEATHER BREI	HM E-mail address: hbre	ehm@rkixp.com PHONE: 405-996-5769
For State Use Only		Da = 1 2 - 0 M
APPROVED BY:	TITLE	ieologist" date <i>//-/8-2014</i>
Conditions of Approval (if any):		