| Office | | State of New Me | | | Form C-103 |
|--|------------------------------|---|------------------------|---------------------------------------|------------------------|
| <u>District I</u> – (575) 393-6161 | Energy, I | Minerals and Natu | ıral Resources | Carrier Charles | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | anch | |
| District II ~ (575) 748-1283 811 S. First St. Artesia NM 88210 OIL CONSERVATION DIVISION | | | | 9750 | |
| 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr. | | | 5. Indicate Type of Le | | |
| 1000 Pio Prozos Pd. Azteo NM 97410 | | | STATE | FEE | |
| District IV – (505) 476-3460 Santa Fe, NM 87505 | | | 6. State Oil & Gas Le | ase No. | |
| 1220 S. St. Francis Dr., Sant 87505 | a re, NM | | | | 1 |
| | NDRY NOTICES AND REP | ORTS ON WELLS | | 7. Lease Name or Uni | it Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | it Agreement Ivame |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | RDX 16 | |
| PROPOSALS.) | | | | 8. Well Number 4 | |
| 1. Type of Well: Oil Well Gas Well Other | | | | · ' | |
| 2. Name of Operator | | | | 9. OGRID Number 2 | 46289 |
| RKI Exploration & Production, LLC | | | | | |
| 3. Address of Operator | | | | 10. Pool name or Wile | dcat |
| 3500 One Williams C | enter MD 35, Tulsa, OK 7 | '4172 /\alpha | shu Draw | Wildcat-Bone-Spring- | Delaware, las |
| 4. Well Location | | | July o Class | · · · · · · · · · · · · · · · · · · · | |
| Unit Letter | . 330 | from the North | line and | o feet from the | East line |
| | | | | | |
| Section 16 | | | ange 30E | | ounty Eddy |
| | | Show whether DR | , RKB, RT, GR, etc | | |
| | 3097' GF | ≺ | | | |
| | | | | | |
| 12 | 2. Check Appropriate B | ox to Indicate N | ature of Notice. | Report or Other Dat | a |
| | 11 1 | | | | |
| NOTI | CE OF INTENTION T | O : | SUE | SSEQUENT REPO | RT OF: |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK | | | | RK 🗍 ALT | TERING CASING |
| TEMPORARILY ABANDON | | | | RILLING OPNS.□ PA | ND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT | | | | | _ |
| DOWNHOLE COMMIN | | VIII. 2 | o, toirto, o Eine. | | |
| CLOSED-LOOP SYST | | | | | |
| OTHER: | | П | OTHER: | | |
| | sed or completed operations | (Clearly state all s | | nd give pertinent dates in | cluding estimated date |
| | proposed work). SEE RULI | | | | |
| | proposed work). SEE ROEI | 5 17.13.7.14 INIVIAL | o. Tor Multiple Co | mipicuons. Attach weno | ore diagram or |
| proposed comp | retion of recompletion. | | | | |
| Please be | advised, RKI Exploration | & Production, LLC | converted the a | rtificial lift from ESP to | PU/Rods |
| on 10/24/2 | 013 | | | | |
| | | | | n ta a | IL CONSERVATION |
| | | | | MM O | ARTESIA DISTRICT |
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| Spud Date: | 1 | Rig Release Da | ate. | | |
| Spud Date. | | Rig Release De | | | |
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| I hereby certify that the | information above is true an | d complete to the b | est of my knowled | ge and belief. | • |
| | | | | | |
| | Jessica DeMarce | Regula | atory Technician | . (| 09/14/2016 |
| SIGNATURE | | TITLE | | DATE_ | |
| .les | | | iessica.demarce@ | @wpxenergy.com PHONI | (539) 573-3521 |
| Type or print name | sica DeMarce | | | | |
| • | ssica DeMarce | E-mail address | s: ' | PHONI | E: |
| For State Use Only | ssica DeMarce | E-mail address | s: , | PHONE | E: (000) 0, 0 002. |
| • | An | | /0 / | _ | • |
| • | iren Sharp | E-mail address | SperApec | _ | 9-20-16 |