Office		t New Me			Form C-	
District I - (575) 393-6161	Energy, Minerals	s and Natu	ıral Resources	MIDT I INTE	Revised July 18, 2	2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	•			WELL API N 30-015-3975		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
<u>District III</u> – (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		,		0. 3.4.0 3.10	c ous Bouse 110.	
87505	TICES AND REPORTS C	NI WELL	,	7 Legge Non	ne or Unit Agreement Nan	20
(DO NOT USE THIS FORM FOR PROF					ne of Onit Agreement Nan	ie
DIFFERENT RESERVOIR. USE "APPI				RDX 16		
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other				8. Well Num	ber g	
2. Name of Operator				9. OGRID Number 246289		
RKI Exploration & Production,	LLC			). OGIAD II	246289	
3. Address of Operator				10. Pool name or Wildcat		
3500 One Williams Center MD 35, Tulsa, OK 74172				Brushy Draw - Delaware East		
4. Well Location F	1650	North	15	00	West	
Unit Letter	:feet from the		line and	feet	from theli	ne
Section 16	Township 26		ange 30E	NMPM	County Eddy	
	11. Elevation (Show w	hether DR	, RKB, RT, GR, etc	·.)		ς .
	3090' GR				<u> </u>	<u> </u>
10 (1 1			CAT .	70	1 5	
12. Check	Appropriate Box to I	ndicate N	ature of Notice,	, Report or Ot	her Data	
NOTICE OF I	NTENTION TO:		l SUE	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR						
PULL OR ALTER CASING			CASING/CEMEN			_
DOWNHOLE COMMINGLE				_		
CLOSED-LOOP SYSTEM						
OTHER:			OTHER:			
13. Describe proposed or con						date
	work). SEE RULE 19.15.7	7.14 NMA(	C. For Multiple Co	mpletions: Atta	ch wellbore diagram of	
proposed completion or re	ecompletion.		•			•
	RKI Exploration & Produ	ction, LLC	converted the a	rtificial lift from	ESP to PU/Rods	
on 10/7/2013						
					NM OIL CONSERV	ATIA
					ARTESIA DISTRIC	ATIO! T
					SEP <b>19</b> 2016	j
					•	
					RECEIVED	
·						
				·-		
Spud Date:	Rig	Release Da	ate:			
<u> </u>						
I hereby certify that the information	n above is true and comple	ete to the b	est of my knowledg	ge and belief.		
<i>a</i>	0.44				001/1/0010	
SIGNATURE Jessica	<b>DeMarce</b> TIT	LE Regula	atory Technician		DATE 09/14/2016	
Jessica DeM	larce		iessica demarce@	@wpxenerav.com	1 DUONE: (539) 573-35	521
Type or print name	E-m	nail addres:	s:		PHONE: (539) 573-35	
For State Use Only		<i>a</i>	<i>(</i> ) .			
APPROVED BY: Then	Sharwo TITI	if <b>//</b>	1 Unes De	oc MAI	DATE 9-20-16	
Conditions of Approval (If any):	C/I CAV TYC	<u> المال / المال</u>	and the same	m vuv		
. 11 () /.	•		•			