

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.*5. Lease Serial No.
NMNM19612

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
RDX FEDERAL 28 239. API Well No.
30-015-4198510. Field and Pool, or Exploratory
ROSS DRAW; DELAWARE, WEST11. County or Parish, and State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
RKI EXP & PROD, LLCContact: JESSICA M DEMARCE
E-Mail: jessica.demarce@wpenergy.com3a. Address
3500 ONE WILLIAMS CENTER MD35
TULSA, OK 741723b. Phone No. (include area code)
Ph: 539-573-35214. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 28 T26S R30E 1650FNL 2310FEL**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | Site Facility Diagram/Security Plan |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

SFD DATED 6/8/2016 ABSM DATED 6/8/2016 ATTACHED

NM OIL CONSERVATION
ARTESIA DISTRICT

NOV 14 2016

RECEIVED

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 09.28.16

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #348434 verified by the BLM Well Information System
For RKI EXP & PROD, LLC, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/30/2016 ()

Name (Printed/Typed) JESSICA M DEMARCE

Title REGULATORY TECH

Signature (Electronic Submission)

Date 08/19/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

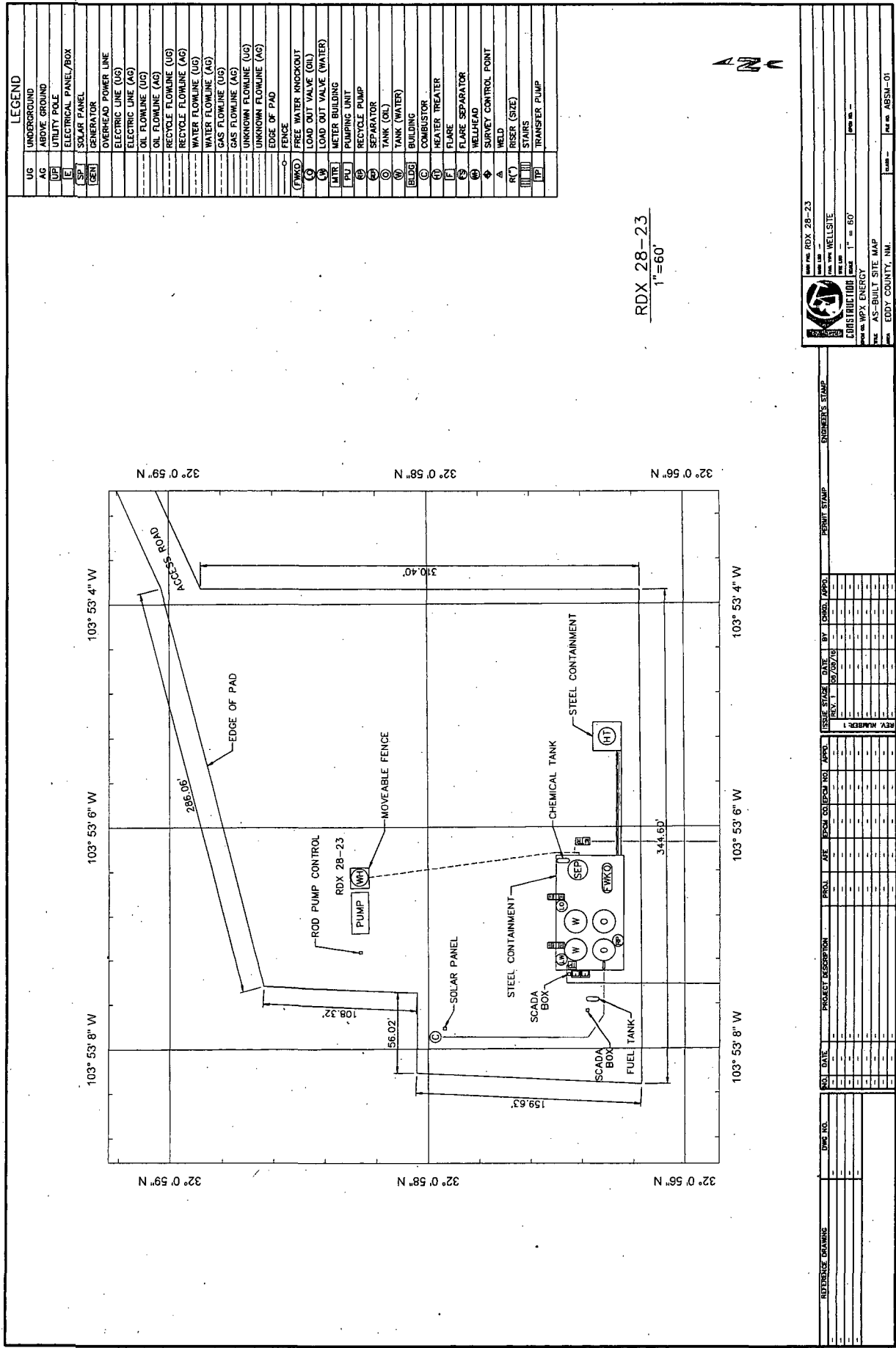
Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 09.28.10

ACCESSION ROAD

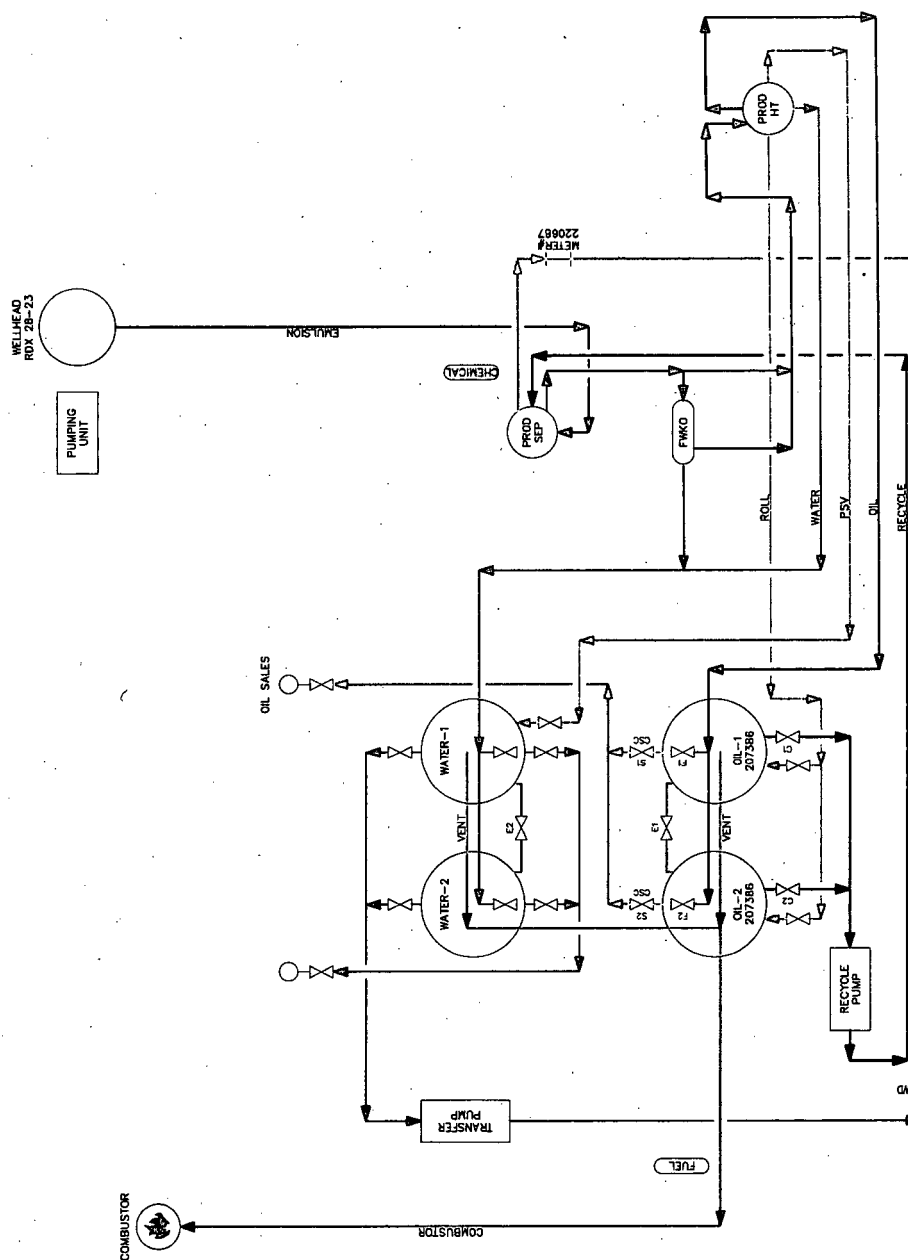
Production Phase: Sales valves S1 and S2 sealed closed. Fill valve to tank that is in production will be open. Equalizer valve to tank that is in production will be open. Circulating valves will be opened as necessary, then released.

Sales Phase: The tank from which sales are being made will be isolated by sealing closed the fill valve, circulating valve and the equalizer valve during sales and opening the sales valve. Upon completion of the sale the sales valve will be released. Sales by truck will be by tank gauge.

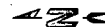
| Value | Production Phase | Sales Phase | Classification |
|-------|------------------|-------------|----------------|
| S1 | Closed | Open | Closed |
| S2 | Closed | Open | Closed |
| C1 | Closed | Closed | Closed |
| C2 | Closed | Closed | Closed |
| C3 | Closed | Closed | Closed |
| F1 | Open or Closed | Closed | Closed or Open |
| F2 | Open or Closed | Closed | Closed or Open |
| F3 | Open or Closed | Closed | Closed or Open |
| F4 | Closed | Closed | Closed |

The Site Security Plan is kept at WPX's office located at:
5315 Buena Vista Dr. Carlsbad, NM.

FILED: Thursday, June 9, 2016 12:09:19 PM / FILE NAME: SPD - RDX 28-23.dmg



RDX 28-23
N.T.S.



| REFERENCE DRAWING | | OWNR NO. | | PROJECT DESCRIPTION | | PROJ. | APR | EPOL | COLUMB | NO. | APPR. | ISSUE | | STAGE | DATE | BY | CHGD. | APPR. | PERMIT STAMP | | ENGINEER'S STAMP | |
|-------------------|--|----------|--|---------------------|--|-------|-----|------|--------|-----|-------|-------|--|-------|------|----|-------|-------|--------------|--|------------------|--|
| | | | | | | | | | | | | REV. | | | | | | | | | | |
| | | | | | | | | | | | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 09.28.16