

**NM OIL CONSERVATION
ARTESIA DISTRICT**

JAN 17 2019

AMENDED
Form C-103
Revised July 18, 2013

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-45471
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator RKI EXPLORATION & PRODUCTION, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 3500 ONE WILLIAMS CENTER, MD: 35, TULSA, OK 74172		7. Lease Name or Unit Agreement Name BLOODHOUND 15-23-27 FEE
4. Well Location Unit Letter <u>H</u> : <u>1493</u> feet from the <u>N</u> line and <u>460</u> feet from the <u>E</u> line Section <u>15</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number <u>401H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,141 RKB		9. OGRID Number 246289
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

AMENDED to corrected PSI to 1500

Please be advised that above referenced well had the 1st Intermediate Casing/Cement job completed as follows:

Date of job: 01/06/2019
 Hole size: 12 1/4" Casing size: 9 5/8"
 Weight: 40# Grade: J-55
 346 sx of 11.5 ppg Class C Lead and 148 sx of 14.8 ppg Class C Tail = TL 498 sx (100% return flow)
 Centralizers Used: 17
 Depth of Hole: 2,236'
 Float Shoe Set @ 2,216'
 Float Collar Set @ 2,173'
 Top of Cement @ Surface
 Tested Casing for 30 mins to 1500 psi, test good.

Spud Date:

01/04/2019

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Lorri Kline
 SIGNATURE _____ TITLE REGULATORY TECH II DATE 01/07/2019
Digitally signed by Lorri Kline
 DN: cn=Lorri Kline, o, ou,
 email=LORRI.KLINE@WPXENERGY.CO
 M, c=US
 Date: 2019.01.15 10:20:41 -0600

Type or print name LORRI KLINE E-mail address: lorri.kline@wpxenergy.com PHONE: 539-53-3518
 For State Use Only

APPROVED BY: Rusty Kline TITLE Business Ops Spec DATE 1-18-2019
 Conditions of Approval (if any)