

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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| 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- 37737 36637 |
| 1. Type of Well: Oil Well <input checked="" 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 3817 NW Expressway, Suite 950, Oklahoma City, OK 73112 | | 7. Lease Name or Unit Agreement Name RDX Federal 15 |
| 4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>15</u> Township <u>26S</u> Range <u>30E</u> NMPM County <u>Eddy</u> | | 8. Well Number 3 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3128 feet GL | | 9. OGRID Number 246289 |
| | | 10. Pool name or Wildcat Ross Draw – Delaware North |

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

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|--|---|---|--|
| 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"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

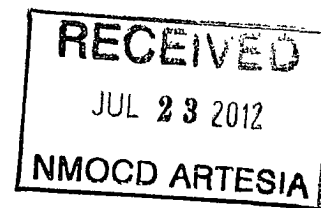
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please be advised of the following pressure test data pursuant to each casing/cementing stage:

Surface Casing: On 12/12/2011, tested to 1,500 PSI for 30 minutes = OK

Intermediate Casing: On 12/18/2011, tested to 1,500 PSI for 30 minutes = OK

Production Casing: On 1/09/2012, tested to 4,500 PSI for 30 minutes = OK



Spud Date: 12/11/2011

Rig Release Date: 12/24/2011

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

SIGNATURE Charles K. Ahn TITLE EH&S/Regulatory Manager DATE 7/13/2012

Type or print name Charles K. Ahn E-mail address: cahn@rkixp.com PHONE: 405-996-5771

For State Use Only

APPROVED BY: [Signature] TITLE Asst. P. Supervisor DATE 8/3/12

Conditions of Approval (if any):