| Submit 1 Copy To Appropriate District Office | State of New Mexico | | | | Form C-103 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|--------------------|----------------------------------|---------------------------|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | | THE LETT | Revised August 1, 2011 |
| 1625 N French Dr , Hobbs, NM 88240 | | | | WELL API N | |
| <u>District II</u> – (575) 748-1283 811 S First St , Artesia, NM 88210 | OIL CONSE | ERVATION | DIVISION | 30-015-37093 5. Indicate T | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | | STAT | |
| 1000 R10 Brazos Rd, Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa | a Fe, NM 87 | 505 | | & Gas Lease No. |
| 1220 S St. Francis Dr, Santa Fe, NM | | | | | |
| 87505 | ICES AND REPORTS | S ON WELLS | | 7 Lease Nan | ne or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | 7. Ecase Nan | ne of Ome Agreement Name |
| DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | RDX 15 | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number | |
| 1. Type of Well. On Well | Oas wen Other | | | 11 | |
| 2. Name of Operator | | | | 9. OGRID Number | |
| RKI Exploration & Production, LLC 3. Address of Operator | | | | 246289 10. Pool name or Wildcat | |
| 3817 NW Expressway, Suite 950, Oklahoma City, OK 73112 | | | | Brushy Draw- Delaware East | |
| 4. Well Location | | | | | |
| | | | | | |
| Unit Letter F Section 15 | Township | 26S Rang | | <u>1500</u> 1cct 110 1PM | County Eddy |
| Section 13 | | | | | County Eddy |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3114 feet GL | | | | | |
| Land of the state | 9001 | | | 100 | |
| 12. Check | Appropriate Box to | Indicate N | ature of Notice. | Report or Ot | ther Data |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | | ALTERING CASING |
| TEMPORARILY ABANDON | | | | | |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE | MULTIPLE COMPL | - 🗆 | CASING/CEMEN | I JOB [| |
| DOWNHOLE COMMINGLE | | | | | |
| OTHER: | | | OTHER: | | |
| 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. | | | | | |
| proposed completion or rec | completion. | | | | |
| Please be advised of the following pressure test data pursuant to each casing/cementing stage: | | | | | |
| Surface Casing: On 1/13/12, tested to 1,500 PSI for 30 minutes = OK | | | | | |
| Intermediate Casing: On 1/22/2012, tested to 1,500 PSI for 30 minutes = OK Production Casing: On 2/15/2012, tested to 4,000 PSI for 30 minutes = OK JUL 2 3 2012 NMOCD ARTESIA | | | | | |
| Production Casing: On 2/15/2012, tested to 4,000 PSI for 30 minutes = OK | | | | | |
| J 3 2012 | | | | | |
| | | | | [1 | MOCD APTECL |
| | | | | | MITESIA |
| | | | | | |
| | | | | | |
| Spud Date: 1/08/2012 | | Dia I | Release Date: 2/01 | /2012 | |
| Spud Date. 1/08/2012 | | Kig i | Release Date. 2/01 | 72012 | |
| | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| SIGNATURE Market | K. Ahm | TITLE <u>EH&</u> | S/Regulatory Mana | nger | DATE 7/13/2012 |
| Type or print nameCharles K. A | Ahn E-n | nail address: _ | cahn@rkixp.com | - | PHONE: 405-996-5771 |
| For State Use Only | 4 | Λ | | | , , |
| APPROVED BY: | \mathcal{A}_{0} | ritle Ucso | -21 No. | | DATE \$ /3/12 |
| Conditions of Approval (if any): | | THE VIS | CI Spor | | DATE |