

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 July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-015-36685</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EKI EXPLORATION</b>		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name <b>RDX 16</b>
4. Well Location Unit Letter <b>U</b> : <b>2310</b> feet from the <b>S</b> line and <b>2310</b> feet from the <b>E</b> line Section <b>10</b> Township <b>26S</b> Range <b>30E</b> NMPM County <b>EDDY</b>		8. Well Number <b>#5</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3077 FT</b>		9. OGRID Number <b>246289</b>
		10. Pool name or Wildcat

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/>		OTHER: <input checked="" 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.

INSTALLING A SINGLE 8" x 250' DEEP WELL CATHODIC PROTECTION  
GROUNDED SYSTEM. 20'0" SCH 40 PVC CASING W/ CAP TO  
BE INSTALLED @ TOP OF HOLE. LOCATION OF INSTALLATION  
TO BE WITHIN 300FT OF OIL WELL & TO STAY ON PAD SITE.  
EXACT LOCATION & DATE OF INSTALL TO BE DETERMINED BY  
EKI EXPLORATION & CP MASTERS, INC. (CONTRACTOR).

Spud Date:

Rig Release Date:

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

SIGNATURE: CHRISTOPHER MATHIS TITLE: OPERATIONS COORDINATOR DATE: SEPT 10th 2013

Type or print name: CHRISTOPHER MATHIS E-mail address: christopher.mathis@cpmasters.com PHONE: (405) 293-2777  
For State Use Only

APPROVED BY: Accepted for record TITLE: DATE: Sept 16, 2013  
Conditions of Approval: NMCD LR Dade

District I  
1625 N. French Dr., Hobbs, NM 88240  
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State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-36685	<sup>2</sup> Pool Code —	<sup>3</sup> Pool Name —
<sup>4</sup> Property Code RDX 16 #5	<sup>5</sup> Property Name RDX 16 #5	<sup>6</sup> Well Number
<sup>7</sup> OGRID No. 246289	<sup>8</sup> Operator Name PKI EXPLORATION	<sup>9</sup> Elevation - 3077 FT

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	16	26S	30E		2310	S	2310	E	EDDY

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.	
	Signature 	Date 09/10/13
	Printed Name CHRISTOPHER MATHIS E-mail Address christopher.mathis@cpmasters.com	
<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.	Date of Survey	
	Signature and Seal of Professional Surveyor:	
	Certificate Number	