

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NNNM19612
2. Name of Operator RKI EXPLORATION & PRPDUCTION E-Mail: hbrehm@rkixp.com Contact: HEATHER BREHM		6. If Indian, Allottee or Tribe Name
3a. Address 210 PARK AVE STE 900 OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-996-5769 Fx: 405-949-2223	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T26S R30E Mer NMP SWNE 1650FNL 2310FEL 32.005807 N Lat, 103.530638 W Lon		8. Well Name and No. RDX FEDERAL 28 23
		9. API Well No. 30-015-41985
		10. Field and Pool, or Exploratory ROSS DRAW; DELAWARE, WEST
		11. County or Parish, and State EDDY COUNTY, NM

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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete 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 recompletion 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.)

SURFACE SUNDRY

Well spud on 8/13/2014

On 8/15/2014 drilled 17.5" hole to 641'. Ran total of 16 jts 13 3/8 54.5# J-55 STC Csg. Set shoe @ 640' & FC @ 598'. Test lines to 2000 psi.

Lead cmt 400 sx Standard mix @ 13.5 ppg & 1.74 cuft/sk.

Tail cmt 200 sx Standard mix @ 14.8 ppg & 1.33 cuft/sk.

Final circulating pressure 360 psi @ 3 bpm, bumped plug to 1050 psi, released pressure, recovered 1/2 bbl of fluid, floats held.

Full returns throughout job, circulated 72 bbls of cmt to surface.

Accepted for record
AD NMOC 1/5/15

NM OIL CONSERVATION
ARTESIA DISTRICT
DEC 30 2014
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #268628 verified by the BLM Well Information System For RKI EXPLORATION & PRPDUCTION, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 12/18/2014 ()		ACCEPTED FOR RECORD DEC 18 2014
Name (Printed/Typed) HEATHER BREHM	Title REGULATORY ANALYST	
Signature (Electronic Submission)	Date 10/06/2014	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved By _____	Title _____	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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 ****