

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.*

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		5. Lease Serial No. NMNM54290
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. NORTH BRUSHY DRAW FEDERAL 35 12H	
2. Name of Operator RKI EXPLORATION & PROD LLC	Contact: CHARLES K AHN E-Mail: charles.ahn@wpenergy.com	9. API Well No. 30-015-43603-00-X1
3a. Address 210 PARK AVE. SUITE 900 OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405.996.5771 Fx: 405.996.5772	10. Field and Pool, or Exploratory UNDESIGNATED
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T25S R29E SWSE 275FSL 1550FEL		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 checked="" 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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Onshore Order Variance
	<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.)

RKI Exploration & Production, LLC requests a variance authorization to use a co-flex line between the BOP and choke manifold. Please refer to attached for detailed information.

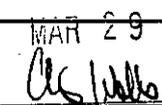
**NM OIL CONSERVATION**  
ARTESIA DISTRICT

APR 04 2016

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL RECEIVED

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #334860 verified by the BLM Well Information System For RKI EXPLORATION & PROD LLC, sent to the Carlsbad Committed to AFMSS for processing by CHRISTOPHER WALLS on 03/29/2016 (16CRW0042SE)	
Name (Printed/Typed) CHARLES K AHN	Title HS&E/REGULATORY MANAGER
Signature (Electronic Submission)	Date 03/29/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE **APPROVED**

Approved By _____	Title _____	Date _____
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 _____	MAR 29 2016 	

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.

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

\*\* BLM REVISED \*\*

Accepted for record - NMOCD

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# Flex Hose Variance Request

## Flex Hose Variance Statement

(aka RKI Exploration & Production)

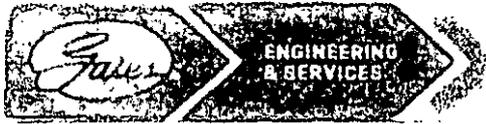
WPX Energy (operator) requests a variance if Don Perissus 9 (rig name) is used to drill this well to use a co-flex line between the BOP and choke manifold.

Manufacturer: Gates

Serial Number: D-011414-10

Length: 44' Size: 4 1/16 10K X4 1/16 10K Ends - flanges/clamps

WP rating: 10,000 PSI Anchors required by manufacturer - Yes/No



GATES E & S NORTH AMERICA, INC.  
 DU-TEX  
 134 44TH STREET  
 CORPUS CHRISTI, TEXAS 78405

PHONE: 361-885-3500  
 FAX: 361-887-0812  
 EMAIL: crpe&s@gates.com  
 WEB: www.gates.com

**10K CHOKE & KILL ASSEMBLY PRESSURE TEST CERTIFICATE / LLOYD'S OD1000/499**

Customer:	ORION	Test Date:	1/14/2014
Customer Ref.:	00131324	Hose Serial No.:	D-011414-10
Invoice No.:	198348	Created By:	RORY B.

Product Description: HOSE 3.041, OCK41/1610K

End Fitting 1:	4 1/16 10K FLANGE	End Fitting 2:	4 1/16 10K FLANGE
Gates Part No.:	4774-4290	Assembly Code:	L34971121913D-011414-10
Working Pressure:	10,000PSI	Test Pressure:	15,000PSI

Gates E & S North America, Inc. certifies that the following hose assembly has been tested to the Gates Oilfield Roughneck Agreement/Specification requirements and passed the 15 minute hydrostatic test per API Spec 7K/Q1, Fifth Edition, June 2010, Test pressure 9.6.7 and per Table 9 to 15,000 psi in accordance with this product number. Hose burst pressure 9.6.7.2 exceeds the minimum of 2.5 times the working pressure per Table 9.

Quality Manager: RORY B.  
 Date: 1/14/2014  
 Signature: *Rory Boyd*

Technical Supervisor: QUINDELL F.  
 Date: 1/14/2014  
 Signature:

*Quindell F.*  
 Form PTC - 01 Rev.02

**Co-Flex line**  
**Conditions of Approval**  
**North Brushy Draw Fed 35 12H**  
**3001543603**

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).