

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-35864
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Pinnacle State
8. Well Number 17
9. OGRID Number 246289
10. Pool name or Wildcat Herradura Bend (Delaware)

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator RKI Exploration and Production, LLC.	
3. Address of Operator 3817 NW Expressway, Suite 950, Oklahoma City, OK. 73112	
4. Well Location Unit Letter <u>C</u> : <u>990</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>36</u> Township <u>22S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,148' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion work <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

On 12-26-07, moved in and rigged up pulling unit. Drilled out DV tool @ 4,316'. Tagged float collar at 6,613'. Pressure tested casing to 2,000 psi. for 30 minutes - pressure tested good. Ran cement bond / gamma ray log. Log indicated top of cement at 1,410'. Perforated 6,212' - 6,284' (1 SPF; total 72 holes). Ran packer on 2-7/8" tubing and set at 6,110'. Acidized via tubing with 2,000 gals. 7-1/2% HCl and 110 ball sealers. Fracture stimulated via casing at 35 bpm with 39,389 gals. of Medallion 3000, 6,024 gals. 30# gel, 50,000 lbs. of 16/30 white sand, and 25,000 lbs. 16/30 resin-coated sand. Ran and set composite bridge plug at 6,140'. Perforated 5,980'-6,094' (0.5 SPF; 57 holes). Acidized via casing with 2,000 gals. 7-1/2% HCl and 85 ball sealers. Fracture stimulated via casing at 35 bpm with 64,584 gals. of Medallion 3000, 5,796 gals. 30# gel, 70,000 lbs. of 16/30 white sand, and 30,000 lbs. 16/30 resin-coated sand. Drilled out bridge plugs and cleaned out to 6,613'. Installed rod pumping equipment and placed well on production. Wellwork completed on 1-11-08.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Gene Simer TITLE PRODUCTION SUPERINTENDENT DATE 2/5/08

Type or print name Gene Simer E-mail address: gsimer@rkixp.com Telephone No. 505-885-1313
For State Use Only

APPROVED BY: _____ TITLE _____ DATE FEB 12 2008
Conditions of Approval (if any):

RECORDS ONLY