Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S First St, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-40422 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	PDV16
PROPOSALS)		RDX 16 8. Well Number
1. Type of Well: Oil Well	Gas Well Other	12
2. Name of Operator		9. OGRID Number
RKI Exploration & Production, L	<u>.</u>	246289
3. Address of Operator 3817 NW Expressway, suite 950, Oklahoma City, OK 73112		10. Pool name or Wildcat Brushy Draw-Delaware East
4. Well Location		
Unit Letter N : 940	feet from the South line and 17.	50 feet from the West line
Section 16	Township 26S Range 30	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
a de la companya dela companya dela companya dela companya de la c	3037' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK 🗌		
TEMPORARILY ABANDON	<u> </u>	RILLING OPNS.□ P AND A □
PULL OR ALTER CASING		NT 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 of recompletion.		
RKI needs to change the hole size for the production casing from 7-7/8 inch to 8-3/4 inch.		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
201		
SIGNATURE	TITLE EH&S/Regulatory Ma	anager DATE 7/10/2012
Type or print name Charles K. A For State Use Only	hn E-mail address: <u>cahn@rkixp.c</u>	Eom PHONE: 405-996-5771
	hada A F	//
APPROVED BY:	all TITLE VISTA Supe	ace DATE 2/12/h
Conditions of Approval (if any):		<i>'</i> (

RECEIVED

JUL **11** 2012

NMOCD ARTESIA