

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

Form C-103
 Revised July 18, 2013

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

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.)		WELL API NO. <u>30-015-36689</u>
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 <u>EKI EXPLORATION</u>		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name <u>RDX 16</u>
4. Well Location Unit Letter : <u>2310</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>10</u> Township <u>26S</u> Range <u>30E</u> NMPM County <u>EDDY</u>		8. Well Number <u>#5</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3077 FT</u>		9. OGRID Number <u>246289</u>
10. Pool name or Wildcat		

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" 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: <input checked="" type="checkbox"/>	
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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 GROUND BED 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: [Signature] TITLE OPERATIONS COORDINATOR DATE SEPT 10th 2013

Type or print name: CHRISTOPHER MATHIS E-mail address: christopher.mathis@cpmasters.com PHONE: (405) 293-9777
 For State Use Only

APPROVED BY: Accepted for record TITLE _____ DATE Sept 16, 2013
 Conditions of Approval: NMDC LRDude

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

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

¹⁰ Surface Location

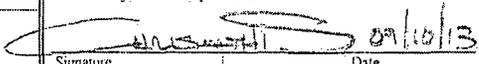
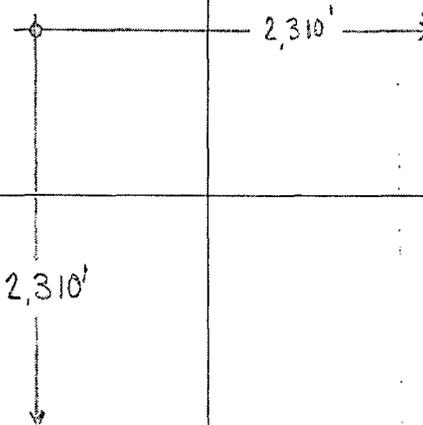
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	16	26S	30E		2310	S	2310	E	EDDY

¹¹ 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

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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.

¹⁶	¹⁷ 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 08/16/13		
	Printed Name CHRISTOPHER MATHIS E-mail Address christopher.mathis@cpmasters.com		
¹⁸ 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