

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

Form C-103
 Revised July 18, 2013

NM OIL CONSERVATION
ARTESIA DISTRICT
 NOV 19 2015
RECEIVED

WELL API NO.	30-015-32120
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	TURKEY TRACK 11 STATE
8. Well Number	1
9. OGRID Number	246289
10. Pool name or Wildcat	TURKEY TRACK; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 Gas Well Other

2. Name of Operator
 RKI EXPLORATION & PRODUCTION

3. Address of Operator
 210 PARK AVE., SUITE 700, OKLAHOMA CITY, OK 73102

4. Well Location
 Unit Letter C : 530 feet from the NORTH line and 1650 feet from the WEST line
 Section 11 Township 19 S Range 28 E NMPM County EDDY

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RECOMPLETION <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Re-completion activities began on 8/18/2015

8/20/15 Pressure test tubing to 400 psi. tested good. 1/2" 10K CIBP. Set plug at 8240', Test lines to 5000 psi, loaded casing with 155 bbl's of 2% KCL water. pressure tested 5 1/2" Prod Csg to 4800 psi. 8/21/15 Run RBL/CBL/GR/CCL to 4200'. Estimated cement top @4428'. set packer at 7024' Pressure up to 3500 psi, held pressure for 15 min, test good. 10K CIBP and set plug at 8230'. 4 sacks of class H cement on top of the plug. 8/22/15 perf 1st. BONE SPRING SAND 6302'-6445'/60 holes/Set packer at 6105'. 8/23/15 acidize 9/9/15 frac (6302'-6446') 9/10/15 FLOWBACK 9/12/15 Swabbing 9/17/2015 RDMO

Spud Date: 12/30/2001

Rig Release Date: 9/17/2015 Recompletion

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Heather Brehm TITLE Regulatory Analyst DATE 11/4/2015

Type or print name Heather Brehm E-mail address: heather.brehm@wpenergy PHONE: 405.996.5769
For State Use Only

APPROVED BY: RDade TITLE District Supervisor DATE 11/20/2015
 Conditions of Approval (if any):