Submit 1 Copy To Appropriate District Office	State of New Mexico				Form C
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			WELL API	Revised July 18
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSEDVATION DIVISION			30-015-419	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.				Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STAT	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	5	sama re, mivi 67	303	6. State Oil	& Gas Lease No.
	TICES AND REPO			7. Lease Na	me or Unit Agreement Na
(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.)				RDX 16	
1. Type of Well: Oil Well	Gas Well 🔲 C	Other	8. Well Number 25		
2. Name of Operator RKI Exploration & Production,	LLC				Number 246289
3. Address of Operator	05 7 1 01/7				ne or Wildcat
3500 One Williams Center MD	35, Tulsa, OK 74	11/2		Brushy Drav	w - Delaware East
4. Well Location Unit Letter	1650 :feet fi	rom the South	17: line and	90 fee	et from the
Section 16	Towr	_{1ship} 26S Ra	nge 30E	NMPM	County Eddy
		Show whether DR,	RKB, RT, GR, etc)	
	3083' GR				
NOTICE OF I PERFORM REMEDIAL WORK TEMPORARILY ABANDON	=	BANDON 🗌	SUE REMEDIAL WOR COMMENCE DR	RK	REPORT OF: ALTERING CASING P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE] MULTIPLE CO		CASING/CEMEN		
CLOSED-LOOP SYSTEM			071.77		
OTHER: 13. Describe proposed or com	nleted operations	(Clearly state all r	OTHER:	d give pertipen	t dates including estimate
of starting any proposed v	work). SEE RULE				
Please be advised, F	RKI Exploration &	Production, LLC	converted the ai	tificial lift from	: :
	·				
Flowing to ESP on 3 ESP to PU/Rods on					
PU/Rods to Smaller				Alaa	O 8
ESP to PU/Rods on				o and	OIL CONSERVATION ARTESIA DISTRICT
					SEP 1 9 2016
					RECEIVED
<u> </u>					
Spud Date:		Rig Release Da	te:		
•		-			
I hereby certify that the informatio	n above is true and	complete to the be	est of my knowledg	ge and belief.	
SIGNATUREJessica	DeMarce TITLE Regulatory Technician				DATE09/14/2016
	arce			wpxenergy.co	m _{PHONE:} (539) 573-3
Type or print name For State Use Only				,	PHONE:
APPROVED BY: Salon	Shan	TITLE BU	OperSpec	- Pas	DATE 9-20-16
Conditions of Approval (if any):	- jraye		wyw worth		