| Submit 1 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 | , | | | WELL API NO. | | | |
| <u>District II</u> – (575) 748-1283 811 S First St , Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-015-39159 | | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease | | | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | Santa Fe, NM 87505 | | | STATE STATE FEE | | | |
| <u>District IV</u> – (505) 476-3460 1220 S St. Francis Dr., Santa Fe, NM | Sant | a re, nivi 87 | 303 | 6. State Oil | & Gas Lease No. | į | |
| 87505 | ICES AND REPORT | S ON WELLS | | 7 Lagra No | ame or Unit Agreemer | nt Name | |
| (DO NOT USE THIS FORM FOR PROPO | | | JG BACK TO A | 7. Lease Iva | ine of Ome Agreemen | it ivaine | |
| DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | Longview F | Federal 12 | | |
| PROPOSALS) | | | | | 8. Well Number | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | 14 | | | |
| 2. Name of Operator | | | | 9. OGRID Number | | | |
| RKI Exploration & Production, LLC | | | | 246289 | | | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | | | |
| 3817 NW Expressway, Suite 950, Oklahoma City, OK 73112 | | | | W. Culebra Bluff-Bone Spring | | | |
| 4. Well Location | | | | | | | |
| Unit Letter A | : 560 feet fr | om the <u>North</u> | line and7. | 30 feet fror | n the <u>East</u> | _line | |
| Section 12 Township 23S Range 28E NMPM County Eddy | | | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | |
| 3024 feet GL | | | | | | | |
| | | | | | | | |
| 12. Check | Appropriate Box t | o Indicate N | ature of Notice, | Report or C | ther Data | | |
| | | | | | | | |
| | NTENTION TO: | | l . | | REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | | | | |
| | | | | | | | |
| PULL OR ALTER CASING | | L 🗆 | CASING/CEMEN | L JOB | \boxtimes | | |
| DOWNHOLE COMMINGLE | | | | | | | |
| OTHER: | | П | OTHER: | | | П | |
| 13. Describe proposed or comp | pleted operations. (Cl | early state all r | | d give pertine | nt dates, including est | imated date | |
| of starting any proposed w | | | | | | | |
| proposed completion or re- | completion. | | - | • | _ | | |
| | | _ | | | | | |
| Please be advised of the following pressure test data pursuant to each casing/cementing stage: | | | | | | | |
| Surface Casing: On 7/09/2011, tested to 1,500 PSI for 30 minutes = OK | | | | | | | |
| Intermediate Casing: On 7/14/2011, tested to 1,500 PSI for 30 minutes = OK | | | | | RECEIVED | | |
| Production Casing: On 8/03/2011, tested to 5,000 PSI for 30 minutes = OK | | | | | AUG 28 2012 | | |
| Troduction Casing. On 6/05/2011, tested to 5,000 151 for 50 minutes | | | | | HOU DO ZUIZ | | |
| | | | | N | MOCD ARTESI | Δ | |
| | | | | | 7,111201 | 1/() | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Spud Date: 7/07/2011 | | Rig R | telease Date: 7/20 | /2011 | • | | |
| | | | | | | | |
| | | | | | | | |
| I hereby certify that the information | above is true and cor | nplete to the bo | est of my knowledg | e and belief. | | | |
| SIGNATURE Contract | K. All | TITLE <u>EH&</u> | S/Regulatory Mana | iger | DATE <u>8/24/2</u> | 2012 | |
| Type or print nameCharles K. A | <u>Ahn</u> E-1 | nail address: _ | _cahn@rkixp.com | | PHONE: <u>405-996</u> | -5771 | |
| For State Use Only | \wedge | | | | | | |
| $\mathcal{J}V$ | 1 halo | Λ. | TS pers | 9 | 8/201 | 112 | |
| APPROVED BY: | | TITLE WE | a cylin is | | DATE 0/30/ | / _ | |
| Conditions of Approval (if any): | | | | | | | |