Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised August 1, 2011
District I – (575) 393-6161 Energy, 1625 N. French Dr., Hobbs, NM 88240	Minerals and Natural Resources	WELL API NO. 30-015-39959
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CO	ONSERVATION DIVISION 20 South St. Francis Dr. Santa Fe, NM 87505	 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND RE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PEP PROPOSALS.) 1. Type of Well: Oil Well Gas Well	OR ^I TO DEEPEN OR PLUG BACK TO A RMIT" (FORM C-101) FOR SUCH	 7. Lease Name or Unit Agreement Name RDX 16 8. Well Number 15
2. Name of Operator		9. OGRID Number
 RKI Exploration & Production, LLC 3. Address of Operator 210 Park Avenue, Suite 900, Oklahoma City, OK 	73102	24628910. Pool name or WildcatBrushy Draw-Delaware East
Section 16 Townsh	n (Show whether DR, RKB, RT, GR, etc	330 feet from the <u>West</u> line NMPM Eddy County
12. Check Appropriate I	Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTENTION PERFORM REMEDIAL WORK PLUG AND TEMPORARILY ABANDON CHANGE PL PULL OR ALTER CASING MULTIPLE C DOWNHOLE COMMINGLE	ABANDON C REMEDIAL WOR	
OTHER: 13. Describe proposed or completed operation of starting any proposed work). SEE RUL proposed completion or recompletion.		nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of
On 12/22/2012, ran CBL/CCL/GR log from PBTD	(7,408 feet) to surface with 1,000 psig	on well. Estimated TOC at 3,425 feet.
Tested production casing to 6,150 psi for 30 minute	es = OK	
1/17/2013 through 1/18/2013: Perforated Delaware Acidized with 10,500 gallons of HCl acid. Total 1		
1/19/2013: Began flowback of Frac fluids		
1/25/2013: Set 2-7/8 inch 6.5# L-80 tubing with pu	Imp intake at 5,462 feet. Tie into ESP	on 1/25/2013
Spud Date: 11/12/2012	Rig Release Date: 11/27/2012	
I hereby certify that the information above is true an	nd complete to the best of my knowled	ge and belief.
SIGNATURE Charles K-An	TITLE <u>EH&S/Regulatory Man</u>	agerDATE1/30/2013
Type or print name <u>Charles K. Ahn</u> For State Use Only	E-mail address: <u>cahn@rkixp</u> .	com PHONE: <u>405-996-5771</u>
APPROVED BY:	TITLE DISTAT Sept	2005A DATE 2/14/13
Conditions of Approval (if any):	april	