| Submit I Copy To Appropriate District Office  | State  | of New Mex             | KICO                            |                             | Form C-103                 |             |
|---|--|------------------------|---------------------------------|-----------------------------|----------------------------|-------------|
| <u>District I</u> – (575) 393-6161  | Energy, Miner  | rals and Nathi         | al Resource ED                  | WELL API NO.                | Revised July 18, 201       | 3           |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   |  | 1 '                    |                                 |                             | 30-015-41986               |             |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178  |  | 1                      | DIVISION 14                     | 5. Indicate Type            | of Lease                   |             |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 SC  | outh St. Fran          | OSP ARTESIA                     | STATE [                     | X FEE                      | _           |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | Samo   | a 1°C, 1\1 <u>\1\1</u> |                                 | . State Oil & Ga            | is Lease No.               |             |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                        |                                 | 7. Lease Name or            | r Unit Agreement Name      |             |
| (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 X Gas Well Other  |  |                        |                                 | 8. Well Number              | 25                         | _           |
| 2. Name of Operator RKI EXPLORATION & PRODUCTION  |  |                        |                                 | 9. OGRID Numb               |                            | _           |
| 3. Address of Operator 210 PARK   | AVE, STE 900, OK   | C, OK 73102            |                                 | 10. Pool name or BRUSHY DRA | Wildcat<br>\W; DELAWARE, E |             |
| 4. Well Location  |  |                        |                                 |                             |                            | ٦.          |
| Unit Letter J :   |  | the SOUTH              |                                 |                             | m the EAST line            |             |
| Section 16  | Township   | <del></del>            | <del></del>                     | NMPM                        | County EDDY                | <b>5.</b> 4 |
|   | 11. Elevation <i>(Sho</i> )<br>GR 3083'  | w whether DR,          | KKB, RT, GR, etc.)              | 1.00                        |                            | e,          |
| 12. Check A   | Appropriate Box to   | o Indicate Na          | uture of Notice, l              | Report or Other             | Data                       |             |
| NOTICE OF IN  | ITENTION TO:   | 1                      | SUBS                            | SEQUENT RE                  | PORT OF                    |             |
| PERFORM REMEDIAL WORK   | PLUG AND ABAND   | оои 🗀 📗                | REMEDIAL WORK                   |                             | ALTERING CASING            |             |
| TEMPORARILY ABANDON   | CHANGE PLANS   |                        | COMMENCE DRII                   |                             | P AND A                    |             |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE   | MULTIPLE COMPL   | - 🗆                    | CASING/CEMENT                   | L JOB 🔀                     |                            |             |
| CLOSED-LOOP SYSTEM  |  |                        |                                 |                             |                            |             |
| OTHER:  |  |                        | OTHER:                          |                             |                            | _           |
| 13. Describe proposed or comp<br>of starting any proposed we<br>proposed completion or rec  | ork). SEE RULE 19.1  |                        |                                 |                             |                            | te          |
| 3/5/2014 BEGAN COM  | -  | IES. DV TOOI           | _ @ 5545' PBTD                  | @ 7443' Estimate            | ed TOC @2540'              |             |
| PERF&FRAC 3/16-18/2   | 2014   |                        |                                 |                             |                            |             |
| Stage #1: Brushy Cany   | on "A" as follows: 7   | 7,212' - 7,220'        | (1 SPF), 7,306' -               | 7,310' (2SPF), 7,           | 336' - 7.342' (3 SPF) 24   | 4 total     |
| shots Stage #2: 7036'-  |  |                        |                                 |                             |                            |             |
| 6720'-6714', 3 SPF, 66  | 80'-6674', 2 SPF, 6  | 6636'-6628', 1         | SPF, total 38 hol               | es Stage #4: 647            | 4'-6468', 6424'-6418', 2   | SPF,        |
| 6368'-6362', 6312'-630  |  |                        | <del>-</del>                    |                             |                            | )82', 2     |
| SPF, total 38 holes Sta   | ige #6: 5826'-5822'  | , 3 SPF, 5756          | '-5750', 5734'-573              | 30', 2 SPF, total 3         | 2 holes                    |             |
| LTR 12880 bbl / Total I   | Prop pumped = 767  | 7,846 lb               |                                 |                             |                            |             |
| 3/21/2014 drill out plug recovered//well is PRC   | and the second s | SP: TP 50 ps           | i, CP 0 psi, 64/64 <sup>.</sup> | th" Choke, 623 by           | w, 0 bo, 0 mcf(flared) 4   | % load      |
| Spud Date: 2/16/2014  | · R  | Rig Release Dat        | e: 3/24                         | 1/2014                      |                            |             |
|   |  |                        |                                 | · ·                         |                            | ,           |
| I hereby certify that the information   | above is true and con  | nplete to the bes      | st of my knowledge              | and belief.                 | ·                          | _           |
| \\  | _  |                        |                                 |                             |                            |             |
| SIGNATURE Huarher   | ofine -  | ritle_Regul            | atory Analyst                   | DA                          | ATE4/24/2014               |             |
| Type or print name Heather Brehr  | <u>m</u> , ]   | E-mail address:        | hbrehm@rkix                     | p.com PH                    | ONE: 405-949-2221          | _           |
| For State Use Only  | 0  |                        |                                 |                             |                            |             |
| APPROVED BY: 100 Conditions of Approval (if any):   | <u>ll</u>  | TITLE DIST             | P. Superis                      | <b>b</b> DA′                | TE <u>\$-29-14</u>         | ·<br>-      |