

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM61349

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. LONGVIEW FEDERAL 31 3H
2. Name of Operator RKI EXPLORATION & PRDUCTION E-Mail: hbrehm@rkixp.com		9. API Well No. 30-015-42050
3a. Address 210 PARK AVE STE 900 OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-996-5769 Fx: 405-949-2223	10. Field and Pool, or Exploratory CUEBRA BLUFF; BONE SPRG;S
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T22S R29E Mer NMP SESW 370FSL 2080FWL 32.203428 N Lat, 104.013076 W Lon		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

INTERMEDIATE SUNDRY

ON 8/31/14 DRILLED 12.25" HOLE TO 4082'. RAN TOTAL OF 97 JTS, 9 5/8", 40#, J-55, LT&C. SET SHOE @ 4,082' & F.C. @ 4,037', TEST LINES T/ 2,000 PSI,

LEAD CMT 1,000 SKS OF 35/65 POZ MIXED @ 12.9 PPG & 1.92 CUFT/SK.
TAIL CMT 200 SKS OF C+2% MIXED @ 14.8 PPG, & 1.32 CUFT/SK.
FINAL CIRCULATING PRESSURE 1,220 PSI @ 3.0 BPM, BUMPED PLUG TO 1,660 PSI, RELEASED PRESSURE, RECOVERED 1 BBL OF FLUID, FLOATS HELD. FULL RETURNS THROUGHOUT JOB, DID NOT CIRC CMT TO SURFACE.
TEST T/ 5,000 PSI = OK, STRAP & P/U 1" PIPE, WOULD NOT FIT L/D 1", WAIT ON B.L.M. R/U PAR-FIVE T/ 3" ON WELLHEAD, ESTABLISH PUMPRATE, PUMP 380 SKS OF C+2% ; 14.8 PPG, 1.32 CUFT/SK

NM OIL CONSERVATION
ARTESIA DISTRICT

FEB 13 2015

RECEIVED

Accepted for record.

RD NMOC 2/13/15

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #270439 verified by the BLM Well Information System
For RKI EXPLORATION & PRDUCTION, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 01/29/2015

Name (Printed/Typed) HEATHER BREHM	Title REGULATORY ANALYST	ACCEPTED FOR RECORD FEB 11 2015 Deborah Ham BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Signature (Electronic Submission)	Date 10/13/2014	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office _____		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****