Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 WELL API NO.	Revised July 18, 2013
District II – (575) 748-1283 OH CONSERVATION DIVISION 30-015-40189	
5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas	FEE
1220 S. St. Francis Dr., Santa Fe, NM	Bouse 140.
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or U	Jnit 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 RDOPOSALS.)	- '
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator 9. OGRID Number RKI Exploration & Production, LLC	
3. Address of Operator 3500 One Williams Center MD 35, Tulsa, OK 74172 10. Pool name or V Brushy Draw - De	i i
4 Well Location	lawale East
Unit Letter : 2610 South South line and feet from the line	
	County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3090' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other D	ata
NOTICE OF INTENTION TO: SUBSEQUENT REP	ORT OF
	LTERING CASING
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	nbore diagram of
Please be advised, RKI Exploration & Production, LLC converted the artificial lift from Flowi	na to ESP.
on 9/19/2013 and then from ESP to Plunger Lift on 06/03/2014.	.5 to 20.
NM O	L CONSERVATION
	RTESIA DISTRICT
	SEP 1 9 2016
	OLI 19 2010
	RECEIVED
	WEOLIACD
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Spud Date: Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the information above is true and complete to the best of my knowledge and benefit	
SIGNATURE Jessica DeMarce TITLE Regulatory Technician DAT	E
	(539) 573-3521
Type or print name E-mail address: PHO	NE: (539) 573-3521
For State Use Only	NE: (539) 573-3521 E_ 9-20-16