

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.***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		5. Lease Serial No. NMNM56220
2. Name of Operator RKI EXPLORATION&PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
Contact: JESSICA M DEMARCE Email: jessica.demarce@wpenergy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 3500 ONE WILLIAMS CENTER MD35 TULSA, OK 74172	3b. Phone No. (include area code) Ph: 539-573-3521	8. Well Name and No. DD 24 FEDERAL 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T19S R24E 990FSL 660FEL		9. API Well No. 30-015-24496
		10. Field and Pool, or Exploratory SIEGRETT DRAW, ABO NE
		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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Site Facility Diagram/Security Plan
	<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 recompleat 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 recompleat 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.)

Attached are updated SFD from 11/1/2016 and updated ABSM from 11/1/2016.

ENTERED 02.03.17
INTO AFMSSAccepted for record - NMOCD
OC 4-11-17Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 02.03.17BUREAU OF LAND MANAGEMENT
ARTESIA DISTRICT
APR 10 2017

14. I hereby certify that the foregoing is true and correct. Electronic Submission #357815 verified by the BLM Well Information System For RKI EXPLORATION&PRODUCTION LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 11/14/2016 ()	
Name (Printed/Typed) JESSICA M DEMARCE	Title REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 11/14/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By 	Title Eps 1/218	Date 2-3-17
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 ****

Approved: _____
 Date: _____

