Submit 1 Copy To Appropriate District				F C 102
Office	State of New MEXICO		Form C-103 Revised July 18, 2013	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II - (575) 748-1283	OUL CONSERVATION DIVISION		30-015-45042	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM		0. State Off & Gas L	sase ino.	
87505 SUDIDAY NOT				
	TICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PL		7. Lease Name or Ur	iit Agreement Name
	ICATION FOR PERMIT" (FORM C-101) F	OR SUCH	Bindel 4 Fee	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other NM OIL C	ONSERVATION	8. Well Number	001H
2. Name of Operator		BIA DISTRICT	9. OGRID Number	
RKI Exploration & Production, LLC		246289		
3. Address of Operator 3. OCT 2 2 2018 OCT 2 2 2018		10. Pool name or Wildcat		
3500 One Williams Center, MD35, Tulsa, OK 74172 Purple Sage Wolfcamp Gas Pool				
4. Well Location RECEIVED Unit Letter H : 1795 feet from the North line and 700 feet from the East line				
Section 4	: 1795 feet from the North Township 23S	Range 27E	NMPM	County Eddy
	11. Elevation (Show whether DR			County Eddy
	3,126' GR	, 10, 10, 10, 010, 010,		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			·	
TEMPORARILY ABANDON CHANGE PLOG AND ABANDON CHANGE DRIL			_	
PULL OR ALTER CASING		CASING/CEMEN		
	_		_	
CLOSED-LOOP SYSTEM				_
OTHER:		OTHER:	d airea mantin ant datas ir	
	pleted operations. (Clearly state all ork) SEE RULE 19 15 7 14 NMA			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Due to our drilling of a pilot hole on this well, we are requesting to amend our 9-5/8" (Int 1) casing setting depth				
from 2,120' to 5,685'.				
			Ň	
10/0/0010				
Spud Date: 10/8/2018				
I haraby partify that the information above in true and complete to the best of my knowledge and belief				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
L TPO				
SIGNATURE (Aary)	Coc	latory Specialist	DATE_	10/22/2018
	en E-moil addresse lama as is A		DUONE: 520 572	2542
Type or print name Larry E. Rader E-mail address: larry.rader@wpxenergy.com PHONE: 539-573-3543 For State Use Only				
APPROVED BY	12 Jackany TITLE Cor	Colos: St	DATE	10-24-18
Conditions of Approval (# any):	Ũ	v		