

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

CONFIDENTIAL

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-45471
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BLOODHOUND 15 23 27 FEE
8. Well Number 401H
9. OGRID Number 246289
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP GAS POOL

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator RKI Exploration & Production, LLC	
3. Address of Operator 3500 One Williams Center, MD: 35, Tulsa, OK 74172	
4. Well Location Unit Letter H : 1493 feet from the NORTH line and 460 feet from the EAST line Section 15 Township 23S Range 27E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3141 RKB	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		Completion/Tubing Install/Date 1st produced (DOFP)	
CLOSED-LOOP SYSTEM <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>			

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.

Please be advised that the above mentioned well was completed as follows:

Rig Released: 01/17/19; Completion Began: 01/31/19; Frac Began: 02/10/19; Drillout Ended: 02/15/19; DOFP: 02/21/19  
KOP @ 8,641' MD  
13,851 TMD, 9,043 TVD & 13,767' PBD  
GR Log ran from top of liner to surface.  
Frac Data: Perfs @ 9,428' to 13,717' (16 stages)  
9,216,816 TL Fluid, 12,867,240 TL Proppant  
2 7/8" Tubing Installed 02/19/19 @ depth of 8,920' MD and 4 1/2" AS-1X Packer @ 8,903' MD

Spud Date:

01/04/2019

Rig Release Date:

01/17/2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lorri Kline Digitally signed by Lorri Kline  
DN: cn=Lorri Kline, o=O,  
email=LORRI.KLINE@WPXENERGY.COM,  
c=US  
Date: 2019.03.13 12:18:11 -0500 TITLE REGULATORY TECH II DATE 03/13/2019

Type or print name LORRI KLINE E-mail address: lorri.kline@wpxenergy.com PHONE: 539-573-3518  
For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-16-19  
Conditions of Approval (if any):