

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

Lorri Kline Digitally signed by Lorri Kline
DN: cn=Lorri Kline, o=, email=LORRI.KLINE@WPXENERGY.COM, c=US
Date: 2019.03.13 12:18:11 -0500
 SIGNATURE _____ 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): _____