

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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



| |
|---|
| WELL API NO. 30-015-36384 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name RDX "16" |
| 8. Well Number 3 |
| 9. OGRID Number 246289 |
| 10. Pool name or Wildcat Brushy Draw - Delaware East |

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 ☐ DEC - 8 2008

2. Name of Operator
RKI Exploration and Production, LLC. OCD-ARTESIA

3. Address of Operator
3817 NW Expressway, Suite 950, Oklahoma City, OK. 73112

4. Well Location
Unit Letter _____ : 990' feet from the South line and 990' feet from the East line
Section 16 Township 26S Range 30E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,082' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: Completion <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Completions operations commenced on 10-09-08. Moved in and rigged up completion rig. Installed and tested 7-1/6 BOP. Ran Cement Bond Log and found top of cement @ 2040'.

PERFORATED DELAWARE 6768-6821' (TOTAL 59 HOLES).

ACIDIZE DELAWARE WITH 2000 GALS. 7 1/2% NEFE HCL ACID USING 89 EA 7/8" 1.3 SG BALL SEALERS FLUSHED WITH 6632 GALS 2% KCL.

FRAC'D WITH 36,000 GALS VIPER G 25 + 6632 GALS DIAMOND G 25 + 60,000 # 20/40 OTTAWA SAND + 15,000 # 20/40 RESIN COATED SAND.

ACCEPTED FOR RECORD

INSTALLED PUMPING UNIT AND FLOW TESTED WELL.

DEC 8 - 2008

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐, or an attached alternative NMOCD-approved plan ☐.

SIGNATURE Gene Simer TITLE SUPERINTENDENT DATE 12/4/08

Type or print name GENE SIMER E-mail address: gsimer@rkixp.com Telephone No. 505-885-1313
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____