

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
OMB No. 1004-0137
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.5. Lease Serial No.
NM-102036

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

RDX-15 #6

2. Name of Operator

RKI - Exploration & Production, LLC

9. API Well No.

30-015-36725

3a. Address

3617 NW Expressway, Ste. 050, OKC, OK, 73112

3b. Phone No. (include area codes)

405.949.2221

10. Field and Pool or Exploratory Area

Brushy Draw - Delaware East

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990 FSL & 660 FVL of Sec. 15-26S-30E

11. Country or Parish, State

EDDY, NM

12. CHECK THE 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 type="checkbox"/> Other |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| | <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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Commenced completion operations on 12-11-09.

Drilled out DV tool @ 5250' and cleaned out to 7249' (Float Collar Depth). Rigged up wireline and ran Cement Bond Log..Found TOC @ 2700'.

Stage 1: Perforated 7189'-7196'-1 SPF-5 Holes, 7143'-7157'-1.5 SPF -7 Holes, 7189'-7196'-1 SPF-7 Holes. Total 14 Holes.

Acidized W/2520 gal 7.5% HCL Acid w/ Bioballs.

Fracture Stimulated with 848 bbl. X-linked gelled water and 25907# 16/30 white sand + 5987# 16/30 resin coated sand.

Stage 2: Perforated 7014'-7036'-19 holes

Acidized W/2520 gal 7.5 HCL Acid w/ 40 Bioballs.

Fracture Stimulated W/ 763 bbl of X-linked gelled water and 20008# 16/30 white sand + 5035# of 16/30 resin coated sand.

Stage 3: Set Plug @ 6900'. Perforated 6793'-6823'-30 holes.

Acidized W/ 3466 gal of 7.5% HCL Acid W/Bioballs.

Fracture Stimulated W/ 41034 gal of X-linked Gelled Water + 31882# of 16/30 white sand + 7028# of resin coated sand.

Stage 4: Set plug @ 6740'. Perforated 6640'-6718'-34 holes.

Acidized W/ 3738 gal of 7.5% HCL Acid W/ Bioballs.

Fracture Stimulated W/ 55986 gal of X-linked gelled water + 56335# 16/30 White sand + 14074# of resin coated sand.

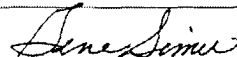
Page 1

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

GENE SIMER

Title PRODUCTION SUPERINTENDENT

Signature



Date

2-24-10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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.

(Instructions on page 2)

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| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | 5. Lease Serial No. NM-102036 |
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 6. If Indian, Allottee or Tribe Name |
| 2. Name of Operator RKL - Exploration & Production, LLC | | 8. Well Name and No. RDX 15 #6 |
| 3a. Address 3817 NW Expressway, Ste. 950, OKC, OK, 73112 | 3b. Phone No. (include area code) 405.949.2221 | 9. API Well No. 30-015-36725 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 993 FSL & 666FWL of Sec. 15-265-30E | | 10. Field and Pool or Exploratory Area Brushy Draw - Delaware East |
| | | 11. Country or Parish, State EDDY, NM |

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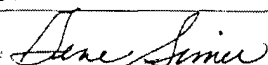
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Continued from Page 1.

Stage 5: Set 5.5" Caged frac Plug @ 6490'
Perforated 6404'-6442'-38 holes.
Acidized W/ 3486 gal of 7.5% HCL Acid W/Bioballs.
Fracture Stimulated W/ 42546 gal of X-linked gelled water + 39287# of 16/30 white sand + 10735# of 16/30 resin coated sand.

Stage 6: Set 5.5" Caged Frac Plug @ 6150'.
Perforated 5073'-6072'-33 Holes.
Acidized W/4998 gal 7.5% HCL Acid w/ Bioballs.
Fracture Stimulated with 70728 gal of X-linked gelled water + 69581# 16/30 white sand + 20261# 16/30 resin coated sand.

Drilled out plugs and Installed ESP pump and test produced well.

| | | |
|---|--|------------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) GENE SIMER | | Title PRODUCTION SUPERINTENDENT |
| Signature  | | Date 2-24-10 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|-------------|------------|
| Approved by _____ | Title _____ | Date _____ |
| 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 _____ | | |

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