

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM11042
2. Name of Operator RKI EXPLORATION & PRODUCTION Contact: HEATHER BREHM E-Mail: hbrehm@rkixp.com		6. If Indian, Allottee or Tribe Name
3a. Address 210 PARK AVE STE. 900 OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-996-5769 Fx: 405-996-5772	7. If Unit or CA/Agreement, Name and/or No. NMNM71027X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 27 T26S R30E Mer NMP SWSE 580FSL 1650FEL 32.007670 N Lat, 103.865820 W Lon		8. Well Name and No. ROSS DRAW UNIT 60
		9. API Well No. 30-015-41979
		10. Field and Pool, or Exploratory ROSS DRAW; DELAWARE, EAST
		11. County or Parish, and State EDDY COUNTY, NM

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

COMPLETION SUNDRY

Completion activities began on 1/13/2015.  
1/14/15 DV tool @5535', Tagged PBTD @7390'  
1/15/15 Ran RBL/CBL/GR/CCL to surface, Estimated TOC at 1462'.  
1/16/15 Pressured tested 5 1/2" Prod casing to 6150 psi. held pressure for 30 min  
1/17/15 Frac & Perf (5576'-7130') TOTAL SAND=365,240 LBS/LTR = 7,763 BBLs  
1/23/15 drill out plugs  
1/24/15 run ESP; EOT 5518'  
1/25/15 flowback

Well is Producing.

*RD 7/23/15*  
Accepted for record  
NMOC

**NM OIL CONSERVATION**

ARTESIA DISTRICT

JUN 25 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct.		<p>Electronic Submission #292213 verified by the BLM Well Information System For RKI EXPLORATION &amp; PRODUCTION, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 06/11/2015</p> <p><b>ACCEPTED FOR RECORD</b></p> <p>JUN 18 2015</p> <p><i>D. Ham</i></p> <p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE</p>
Name (Printed/Typed) HEATHER BREHM	Title REGULATORY ANALYST	
Signature (Electronic Submission)	Date 02/18/2015	
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.		

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***