

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.*5. Lease Serial No.
NMNM100558

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.8. Well Name and No.
RDX FEDERAL 9 69. API Well No.
30-015-4125710. Field and Pool, or Exploratory
BRUSHY DRAW DELAWARE EAST11. County or Parish, and State
EDDY COUNTY, NM

1. Type of Well :

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
RKI EXP & PROD, LLCContact: JESSICA M DEMARCE
E-Mail: jessica.demarce@wpenergy.com3a. Address
3500 ONE WILLIAMS CENTER MD35
TULSA, OK 741723b. Phone No. (include area code)
Ph: 539-573-35214. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 9 T26S R30E 580FNL 790FEL

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Site Facility Diagram/Security Plan
	<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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat 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.)

SFD DATED 6/14/2016 ABSM DATED 6/14/2016 ATTACHED

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 14 2016
18
RECEIVED

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 09.28.16

14. I hereby certify that the foregoing is true and correct. Electronic Submission #348352 verified by the BLM Well Information System For RKI EXP & PROD, LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/24/2016 ()	
Name (Printed/Typed) JESSICA M DEMARCE	Title REGULATORY TECH
Signature (Electronic Submission)	Date 08/18/2016

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 ****

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