

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 Grand Ave., Artesia, NM 88210  
District III  
1000 El Estero 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. 30-015-27188
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3479
7. Lease Name or Unit Agreement Name PINNACLE STATE
8. Well Number 10
9. OGRID Number 246289
10. Pool name or Wildcat HERRADURA BEND, DELAWARE

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator RKI EXPLORATION & PRODUCTION LLC	
3. Address of Operator 3817 N.W. EXPRESSWAY, SUITE 950, OKLAHOMA CITY, OK 73112	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>990</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>22S</u> Range <u>28E</u> NMPM <u>EDDY</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3140' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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"/>		<input checked="" type="checkbox"/> OTHER: ADD DELAWARE PERFORATIONS	

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.

ADD DELAWARE ZONE

Work commenced on 8-22-07.

Pulled rods & insert pump. Pulled tubing, pump barrel & equipment. Set composite frac plug @ 6,025'. Pressure tested casing & plug to 1000# - good. Perforated Delaware zone 5701-30', 5761-81', 5790-5800', 5944-75' (69 holes). Acidized with 2000 gals. 7-1/2% acid. Frac'd Delaware via 2-7/8" tubing at 21 bpm with 26,383 gal. Medallion 3000 with 29,000# 16/30 white sand and 16,000# 16/30 resin-coated sand. Drilled out frac plug @ 6,025' and cleaned out to 6,367'. Installed tubing, rod pump, and tubing. Placed well on production. Work completed on 9-1-07.

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 OCD-approved plan ☐.

SIGNATURE Gene Simer TITLE SUPERINTENDENT DATE 9/11/07

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

For State Use Only Accepted for record - NMOCD

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9/16/07

Conditions of Approval (if any):