

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

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 JUN 27 2016

WELL API NO. 30-025-30196
5. Indicate Type of Lease BLM STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit
8. Well Number 108
9. OGRID Number 309777
10. Pool name or Wildcat Dollarhide Queen Sand
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3178' GR

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 **Injector**

2. Name of Operator
Ram Energy LLC

3. Address of Operator
5100 E. Skelly Dr., Suite 600 Tulsa, OK 74135

4. Well Location
 Unit Letter **E** : **2310** feet from the **North** line and **380** feet from the **West** line
 Section **29** Township **24S** Range **38E** NMPM **Lea** County

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 checked="" 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"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/17/16 Prepare to find out why well failed Braden Head Test. SITP 100 psig, SICP 100 psig. MIRU LFR Well Service DDCU. RU vacuum truck to well head and bled well down. ND well head and release packer and NU BOP with environmental bowl. RU Stealth Hydrostatic Testers and TOOH with 2-2 3/8" tubing subs (4',6"), 114 jts 2 3/8" IPC tubing, 1-2 3/8" SN and 1-5/1/2" AD-1 pkr. Test all tbg to 7,000 psi. RD Stealth testers. TIH with 1-5 1/2" AD-1 pkr, 1-2 3/8" SN, 114 jts 2 3/8" IPC tubing and 2-2 3/8" tubing subs (4',6"). ND BOP. Set packer at 3,603' and NU well head. RU pump truck to casing and pressure up to 500 psig. Held good. Secure well and SDFN. Will circulate packer fluid in the am.

6/18/16 Release packer. NDBOP and flange up well head. RU pump truck to casing and circulate 80 bbls packer fluid into casing annulus. Set packer at 3,603' with 17k tension and flange up well head. Pressure up casing to 540 psi. Held good. Ran chart. Bled casing down and RD pump truck. Clean up location and release rig.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE CSwan TITLE Regulatory Administrator DATE 06/23/2016

Type or print name Connie Swan E-mail address: CSSwan@swanderlandok.com PHONE: 918 621-6533

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 7/7/2016
 Conditions of Approval (if any):

Rev. 6/24/16

HOBBS OCD

JUL 5 2016

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