

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

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.)		WELL API NO. 30-025-12276
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator RAM ENERGY LLC		6. State Oil & Gas Lease No.
3. Address of Operator 5100 E Skelly Drive, Suite 600, Tulsa, OK 74135		7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>north</u> line and <u>1650</u> feet from the <u>east</u> line Section <u>31</u> Township <u>24S</u> Range <u>38E</u> NMPM County <u>Lea</u>		8. Well Number <u>24</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3136' KB		9. OGRID Number 309777
		10. Pool name or Wildcat Dollarhide Queen

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT ☒

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.

7/21/2015 Run annual MIT -- failed. Chart attached.

Failed

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 9/2/2015

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

For State Use Only

APPROVED BY: Bel Samanah TITLE Staff Manager DATE 9/25/15

Conditions of Approval (if any):

OCT 07 2015

