

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

HOBBS OCD  
JUN 08 2016  
RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

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. <b>30-025-30196</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injector</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Ram Energy LLC</u>		6. State Oil & Gas Lease No. <b>B-9519</b>
3. Address of Operator <u>6100 E. Skelly Dr., Suite 600 Tulsa, OK 74135</u>		7. Lease Name or Unit Agreement Name <u>West Dollarhide Queen Sand Unit</u>
4. Well Location Unit Letter <u>E</u> : <u>2310</u> feet from the <u>North</u> line and <u>380</u> feet from the <u>West</u> line Section <u>29</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>Lea</u> County <u>✓</u>		8. Well Number <u>108</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3178' GR</u>		9. OGRID Number <u>309777</u>
		10. Pool name or Wildcat <u>Dollarhide Queen Sand</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>	
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.

Prepare to MIRU work over rig.  
Determine why well failed Bradenhead test.  
Repair as needed.  
Field operations will be conducted using closed loop system.

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100

Spud Date: feet of the uppermost injection perfs or open hole. Rig Release Date:

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

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 06/07/2016

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

For State Use Only

APPROVED BY: Marys Brown TITLE Dist Supervisor DATE 6/8/2016  
Conditions of Approval (if any)