

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

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-39999
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TD Pope 36
8. Well Number 10
9. OGRID Number 328599
10. Pool name or Wildcat Denton, Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3805 GL

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR GO BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>	
2. Name of Operator Ring Energy, Inc.	
3. Address of Operator 901 West Wall Street, Midland, TX, 79701	
4. Well Location Unit Letter <u>D</u> : <u>350</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>36</u> Township <u>14S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3805 GL	

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: ☒

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.

Ring Energy, conducted the required MIT and bradenhead test on the subject well on September 17, 2019.  
The chart and test are attached.

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 Wayne Dixon TITLE Superintendent DATE 9-19-2019  
Type or print name Wayne Dixon E-mail address: wdixon@ringenergy.com PHONE: 432-556-5920

For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 10-24-19  
Conditions of Approval (if any):

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>Ring Energy, Inc</b>		API Number <b>30-025-39999</b>	
Property Name <b>T D POPE 36</b>		Well No. <b>010</b>	

2. Surface Location

UL - Lot <b>D</b>	Section <b>36</b>	Township <b>14-S</b>	Range <b>37-E</b>	Feet from <b>350</b>	N/S Line <b>N</b>	Feet From <b>990</b>	E/W Line <b>W</b>	County <b>Lea</b>
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>9-17-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	0	0	MA	0	0
Flow Characteristics					Not 2nd
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	CO2
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS
Down to nothing	0 / N	0 / N	Y / N	0 / N	Type of fluid injected for waterflood if applies
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

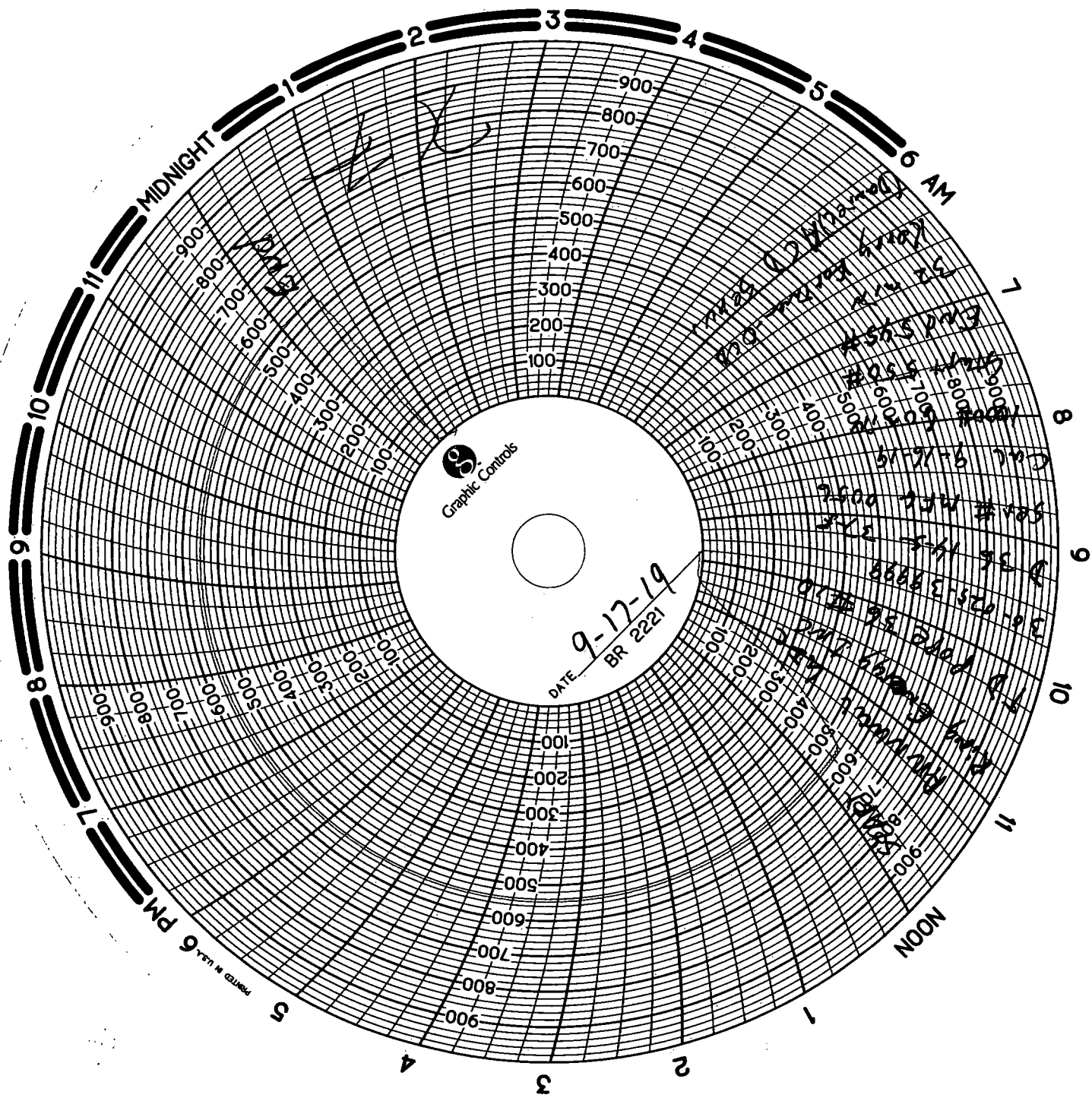
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

ACD OF Field services  
Ser# MFG - 0056  
Cal 9-16-19

Signature: <b>Wayne Dixon</b>		OIL CONSERVATION DIVISION	
Printed name: <b>WAYNE DIXON</b>		Entered into RBDMS	
Title: <b>SUPERINTENDENT</b>		Re-test	
E-mail Address: <b>WDIXON@RINGENERGY.COM</b>			
Date: <b>9-17-19</b>	Phone: <b>482-536-5923</b>		
Witness: <b>Kerry Fortner - OCD</b>			

399-3221

INSTRUCTIONS ON BACK OF THIS FORM



Graphic Controls

DATE 9-17-19  
BR 2221

MIDNIGHT

NOON

6 PM