

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

WELL API NO. <b>30-025-30231</b>
5. Indicate Type of Lease <b>BLM</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>West Dollarhide Queen Sand Unit</b>
8. Well Number <b>113</b>
9. OGRID Number <b>309777</b>
10. Pool name or Wildcat <b>Dollarhide Queen Sand</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3108' GR</b>

**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  
**6100 E. Skelly Dr., Suite 600 Tulsa, OK 74135**

4. Well Location  
 Unit Letter **C** : **330** feet from the **North** line and **2360** feet from the **West** line  
 Section **31** Township **24S** Range **38E** NMPM **Lea** County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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.

10-15-15 MIRUJ Key Energy DDCU. Prep to pull tbg to find hole in tbg. RU vacuum truck and blow well down. ND wellhead and NU Key Energy 3K manual BOP bowl on top. Release AD-1 pkr and TOH w/ 110 jts 2-3/8" J-55 4.7# IPC tbg., 2-3/8" SN and 5-1/2" AD-1 pkr. Did not find hole in tbg. Prep to test pipe back in hole in the am.

10-16-15 Run Stealth Hydrostatic Testers. PU and TIH w/ 5-1/2" AD-1 pkr., 2-3/8" C nipple and 110 jts. 2-3/8" J-55 4.7# tbg. Test all tbg to 7000 PSI. Hole in jt. #96 and jt. #106. Set pkr at 3495'. Tested csg to 500 psi. Held good. Release pkr and ND BOP. Flange up well head. Circulate 70 bbls 2% KCL wtr with pkr fluid. Set pkr and flange up well head. Ran pre-test H-5 with 500 psi on csg. Chart 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 *Connie Swan* TITLE Regulatory Administrator DATE 11/03/2015

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

**For State Use Only**

APPROVED BY: *Bill Samanok* TITLE Staff Manager DATE 11/16/2015  
 Conditions of Approval (if any):

NOV 18 2015 *jm*

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MIDNIGHT



DATE 10/29/15  
BR 2221

START 9:00

9 AM  
WDQSU #113  
30-025 30231  
C-31-245 38E  
CALIB. DATE 7/15/15  
1000 #  
Start - 575 #  
End - 575 #  
30 min

AS 11/16/2015

AS  
9:00  
10:00  
11:00  
NOON

END  
9:00  
10:00  
11:00  
NOON

