

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. 30-025-26855
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Ram Energy LLC		6. State Oil & Gas Lease No. L-5371 and L-3838
3. Address of Operator 5100 East Skelly Drive, Suite 600, Tulsa, OK 74135		7. Lease Name or Unit Agreement Name State 32 COM
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>west</u> line Section <u>32</u> Township <u>13S</u> Range <u>33E</u> NMPM Lea County		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4260.7 GR		9. OGRID Number 309777
		10. Pool name or Wildcat Baum; Upper Penn

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.

10/15/2020 Pull tubing, replace defective section, and return to production.

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 10/7/2020

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/10/20

Conditions of Approval (if any):