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. 30-025-12290

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: West Dollarhide Queen Sand Unit

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injector

HOBBS OCD
SEP 17 2015
RECEIVED

8. Well Number 47

2. Name of Operator: RAM ENERGY LLC

9. OGRID Number 309777

3. Address of Operator: 5100 E Skelly Drive, Suite 600, Tulsa, OK 74135

10. Pool name or Wildcat: Dollarhide Queen

4. Well Location
Unit Letter O : 330 feet from the south line and 1650 feet from the east line
Section 31 Township 24S Range 38E NMPM County Lea

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3120' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			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. 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 C Swan TITLE Regulatory Administrator DATE 9/2/2015

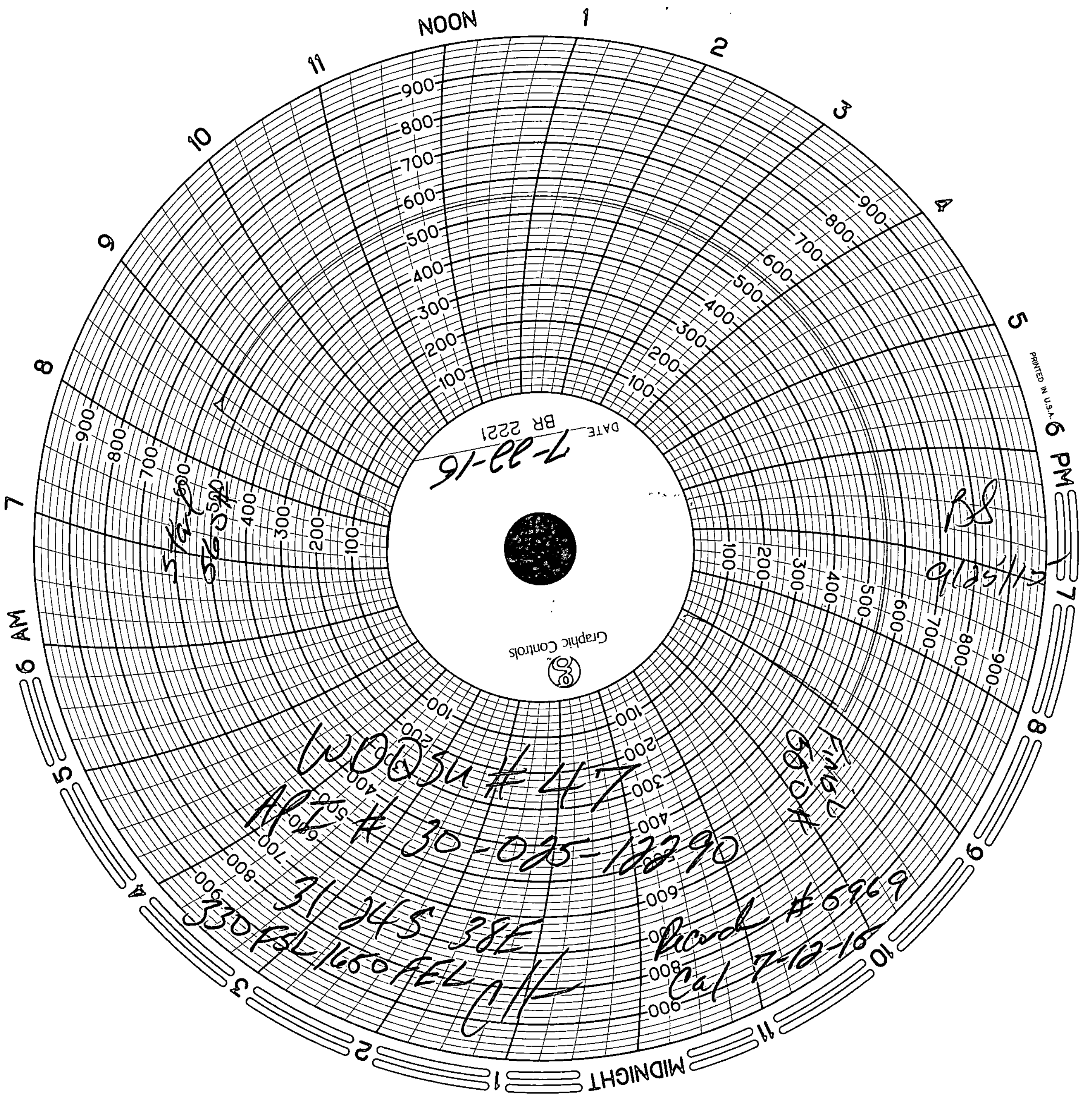
Type or print name Connie Swan E-mail address: csswan@swanderlandok.com PHONE: (918) 621-6533

For State Use Only

APPROVED BY: Bill Lemanah TITLE Staff Manager DATE 9/25/15

Conditions of Approval (if any):

SEP 28 2015



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