

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. 30-025-30300	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit	<input checked="" type="checkbox"/>
8. Well Number 143	<input checked="" type="checkbox"/>
9. OGRID Number 309777	
10. Pool name or Wildcat Dollarhide Queen	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3181' GR	

**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  
5100 E Skelly Drive, Suite 600, Tulsa, OK 74135

4. Well Location  
 Unit Letter J : 1880 feet from the south line and 2140 feet from the east line  
 Section 32 Township 24S Range 38E NMPM County Lea

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 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: MIT <input checked="" 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.

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 Connie 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: Stephanamah TITLE Staff Manager DATE 10/9/15

Conditions of Approval (if any):

OCT 18 2015

*Handwritten initials/signature*



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MIDNIGHT

DATE BR 2221

7-22-16

BR  
9/25/15

Graphic Controls

ARI # 30-005-30300  
ARI # 30-005-28E

March #5969  
1880 FSE 240 FEL  
7-12-16

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6.80

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