

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

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3108' GR**

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.

Prepare to MIRU work over rig.

Determine why well failed Bradenhead test.

Repair as needed.

Field operations will be conducted using closed loop system.

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

**Per Underground Injection Control Program Manual**

**11.6 C Packer shall be set within or less than 100**

**feet of the uppermost injection perfs or open hole**

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 10/06/2015

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

**For State Use Only**

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 10/13/2015

Conditions of Approval (if any):

**OCT 15 2015**

*gm*