

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>30-025-30305</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B9311</b>
7. Lease Name or Unit Agreement Name <b>West Dollarhide Queen Sand Unit</b>
8. Well Number <b>148</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>3135' GR</b>

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG 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 **M** : **700** feet from the **South** line and **550** feet from the **West** line  
 Section **32** Township **24S** Range **38E** NMPM **Lea** County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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.

10-20-15 MIRU Key Energy DDCU. Prep to pull tbg to find hole on tbg. SITP 850 psig. SICP 850 psig. Blow well down to vacuum truck. ND well head and NU BOP. Release pkr.  
 10-21-15 TOOH w/ 110 jts. 2-3/8" J-55 4.7# tbg, 2-3/8" SN, and 5-1/2" AD-1 pkr. Did not find hole in tbg. RU Stealth Hydrostatic Testers. PU and TIH w/ 5-1/2" AD-1 pkr, 2-3/8" SN and 110 jts 2-3/8" J-55 4.7# tbg. Test all tbg to 7000 psig. Found hole in jt #103. Set pkr at 3454'. Pressure test casing to 640 psig. Held good for 30 min. Release pkr and ND BOP. Circulate 75 bbls 2% KCL water with pkr fluid onto backside. Set pkr at 3454' and flange up wellhead. Re-pressure csg to 700 psi. Held good.  
 RD Key Energy Services DDCU.  
 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 CSwan 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 Scernamah TITLE Staff Manager DATE 11/16/2015

Conditions of Approval (if any):

NOV 18 2015

*Handwritten initials*

PRINTED IN U.S.A.

6 PM

MIDNIGHT

Graphic Controls

DATE 10/22/15  
BR 2221

Start - 6:00  
↓

WD 054 # 1178

300-025-3030's

10-13245-380

Ch. Dr. - 714/15

1000 #

Start - 5:00 #

end - 5:00 #

32 min

*[Signature]* - ocd

AD

AS  
11/16/2015

end - 6:00

NOON

6 AM