

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

SUBMIT IN TRIPLICATE - Other instructions on page 2

|  |   |   |
|--|---|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>Injector</b> |   | 7. If Unit of CA/Agreement, Name and/or No.<br>NMNM71057A       |
| 2. Name of Operator<br>RAM Energy LLC ✓  |   | 8. Well Name and No.<br>W Dollarhide Queen Sand UT #113 ✓       |
| 3a. Address<br>6100 E Skelly Dr, Suite 600<br>Tulsa, OK 74135  | 3b. Phone No. (include area code)<br>(918) 621-6533 | 9. API Well No.<br>30-025-30231 ✓                               |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>330' FNL & 2360' FWL Section 31 Twp 24S Rge 38E ✓                      |   | 10. Field and Pool or Exploratory Area<br>Dollarhide Queen Sand |
|  |   | 11. Country or Parish, State<br>Lea County, NM                  |

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                        |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity                        |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other <b>Remedial work</b> |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |  |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |  |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

10/15/2015

MIRU Key Energy Services DDCU. Prep to pull tbg to find hole. RU vacuum truck and blow well down. ND wellhead and NU Key Energy 3K manual BOP bowl on top. Release AD-1 pkr and TOH w/110 jts 2-3/8" J-55 4.7# IPC tbg, 2-3/8" SN, and 5-1/2" AD-1 pkr.

10/16/2015

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 #96. Set pkr at 3495'. Pressure test casing to 500 psig. Held good. Release pkr and ND BOP. Flange up wellhead. Circulate 70 bbls 2% KCl water with pkr fluid. Set pkr and flange up wellhead. Ran pre-test with 500 psi on csg.

*Submit chart recorded on 1000 psig calibrated recorder of an MIT to BLM.*  
*submit Change of Operator request to BLM.*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
Connie Swan

Title  
Regulatory Administrator

Signature

*[Signature]*

Date

11/05/2015

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

ACCEPTED FOR RECORD

JAN 19 2016

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

FEB 01 2016