

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. <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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

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.**

Condition of Approval: notify

**OCD Hobbs office 24 hours**

Spud Date:

Rig Release Date:

**prior of running MIT Test & Chart**

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 06/07/2016

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 6/8/2016  
Conditions of Approval (if any)