Office District 1 – (575) 393-6161	State of New Mex	xico		For	n C-103
	Energy, Minerals and Natur	ral Resources		Revised Ju	y 18, 2013
25 N. French Dr., Hobbs N M 88240		WELL API NO.			
District II - (575) 748-1283	OIL CONSERVATION	DIVISION	30-	025-30196	-
District III - (505) 334-6178 IIII 2 1 2010 1220 South St. Francis Dr.			5. Indicate Type of Lease BLM STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87			ATE FEE Dil & Gas Lease No.	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe NECEN 87505	/ED		0. State C	JI & Gas Lease No.	
	AND REPORTS ON WELLS	61.1	7. Lease	Name or Unit Agreemer	t Name
(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			West Dollarhide Queen Sand Un		
			8. Well Number 108		
2. Name of Operator Ram Energy LLC			3097		
3. Address of Operator			10. Pool name or Wildcat		
5100 E. Skelly Dr., Suite 60	0 Tulsa, OK 74135		Dollarh	ide Queen Sand	
4. Well Location	0010 C + C + I North		200	C.C. I Most	
00	2310 feet from the North		380	feet from the West	line
Stellen		nge 38E	NMPM	Lea County	/
	. Elevation (Show whether DR, 3178' GR	KKB, KI, GK, elc	.)		
		ala la t			
12. Check App	ropriate Box to Indicate Na	ature of Notice	Report or	Other Data	
NOTICE OF INTE		SUE	BSEQUE	NT REPORT OF:	-14
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CA	SING
	HANGE PLANS	COMMENCE DF		NS. PANDA	
		CASING/CEMEN	IT JOB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER:			adenhead		
 Describe proposed or completed of starting any proposed work). 					
proposed completion or recomp		. Tor winniple ee	mpictions.	Attach wendore diagram	101
	sed Bradenhead test. Charl	t attached.			
7/6/2016 Run witnes					
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Spud Date:	Ref. March		ge and belie		
Spud Date:	Ref. March		ge and belie	 f.	
Spud Date:	ve is true and complete to the be	est of my knowled			
Spud Date:	ve is true and complete to the be			f. DATE 07/12/20	16
Spud Date: I hereby certify that the information above SIGNATURE	ve is true and complete to the be TITLE Regula	est of my knowled	tor	DATE07/12/20	
Spud Date: I hereby certify that the information above SIGNATURE	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE 07/12/20	
Spud Date: I hereby certify that the information above SIGNATURE	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE 07/12/20	
Spud Date: I hereby certify that the information above SIGNATURE Type or print name Connie Swan For State Use Only	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE 07/12/20	
Spud Date: I hereby certify that the information above SIGNATURE Type or print name Connie Swan For State Use Only APPROVED BY:	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE07/12/20	
Spud Date: I hereby certify that the information above SIGNATURE Type or print name Connie Swan For State Use Only	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE 07/12/20	
Spud Date: hereby certify that the information above SIGNATURE Type or print name Connie Swan For State Use Only APPROVED BY: Commendation	ve is true and complete to the be TITLE Regula E-mail address	est of my knowled atory Administrat	tor nderlandok.	DATE 07/12/20	

