	tate of New Mexico	Form C-103
District I - (575) 393-616 Energy, N	linerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, N. 88240 District II – (575) 748-1283	NICERY ATION DIVISION	30-025-30231
811 S. First St., Artesia, NM 882101 2 1 2018 IL CO	NSERVATION DIVISION	5. Indicate Type of Lease BLM
1220 South St. Francis Dr.		STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa F. M. CEIVED 87505	anta Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPO	ORTS ON WELLS	7. Lease Name or Unit Agreement 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.)		West Dollarhide Queen Sand Unit
1. Type of Well: Oil Well Gas Well Other Injector		8. Well Number 113
2. Name of Operator Ram Energy LLC		9. OGRID Number 309777
3. Address of Operator		10. Pool name or Wildcat
5100 E. Skelly Dr., Suite 600 Tulsa, 4. Well Location		Dollarhide Queen Sand
	from the North line and	2360feet from theWest line *
	nship 24S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
12. Check Appropriate Bo	ox to Indicate Nature of Notice	Report or Other Data
NOTICE OF INTENTION TO		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A		
TEMPORARILY ABANDON CHANGE PLA PULL OR ALTER CASING MULTIPLE CO		
DOWNHOLE COMMINGLE	ONN'E GOOGLOUICE	NI JOB
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER: Brad	
		nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE proposed completion or recompletion.	19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion of recompletion.		
7/6/2016 Run witnessed Bradenhead	tost Chart attached	
1/0/2016 Run witnessed Bradennead	test. Chart attached.	
Spud Date:	Rig Release Date:	
A September 1		The state of the s
I hereby certify that the information above is true and	complete to the best of my knowled	ige and belief.
A >		
SIGNATURE Cowan	TITLE Regulatory Administra	tor DATE 07/12/2016
	(n, 1 - jn, 1 - jn,	
Type or print name Connie Swan	E-mail address: CSSwan@swa	nderlandok.com PHONE: 918 621-6533
For State Use Only	. /	11
APPROVED BY: Gray Daw	TITLE Compliance Of	FOR DATE 7/22/16

