

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

HOBBES OGD

Oil, Minerals and Natural Resources

Revised July 18, 2013

MAR 07 2017

RECEIVED

CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-12302
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit
8. Well Number 37
9. OGRID Number 309777
10. Pool name or Wildcat Dollarhide Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3144' DF

**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 INJ.

2. Name of Operator  
RAM Energy LLC

3. Address of Operator  
5100 E Skelly Drive, Suite 600, Tulsa, OK 74135

4. Well Location  
Unit Letter L : 2310 feet from the South line and 330 feet from the West line  
Section 32 Township 24S Range 38E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

3/9/17 Clean out fill. Closed loop system will be used.  
Wellbore diagram attached.

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

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 3/6/2017

Type or print name Connie Swan E-mail address: csswan@swanderlandok.com PHONE: 918-621-6533

APPROVED BY: Malyn Brown TITLE AO/II DATE 3/8/2017  
Conditions of Approval (if any):

MB

**Present Completion**

API: 30-025-12302

GL:

KB:

**WDQSU 37**

Dollarhide #37

**Casing Strings:**

10-3/4" 40# @214

7" 20# @ 3660

4-1/2" 10.5# @3770

**Tubing String:**

2-3/8, 4.7 @3561

Packer @ 3556

Queen  
3585-3731

PBTD @ 3665

TD = 3670

