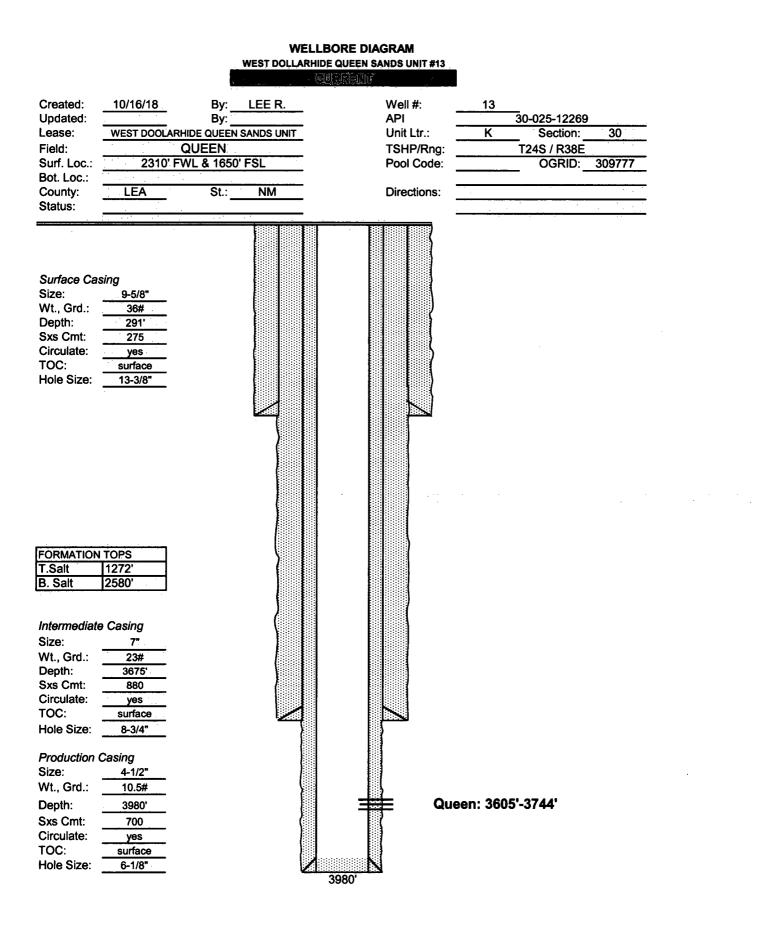
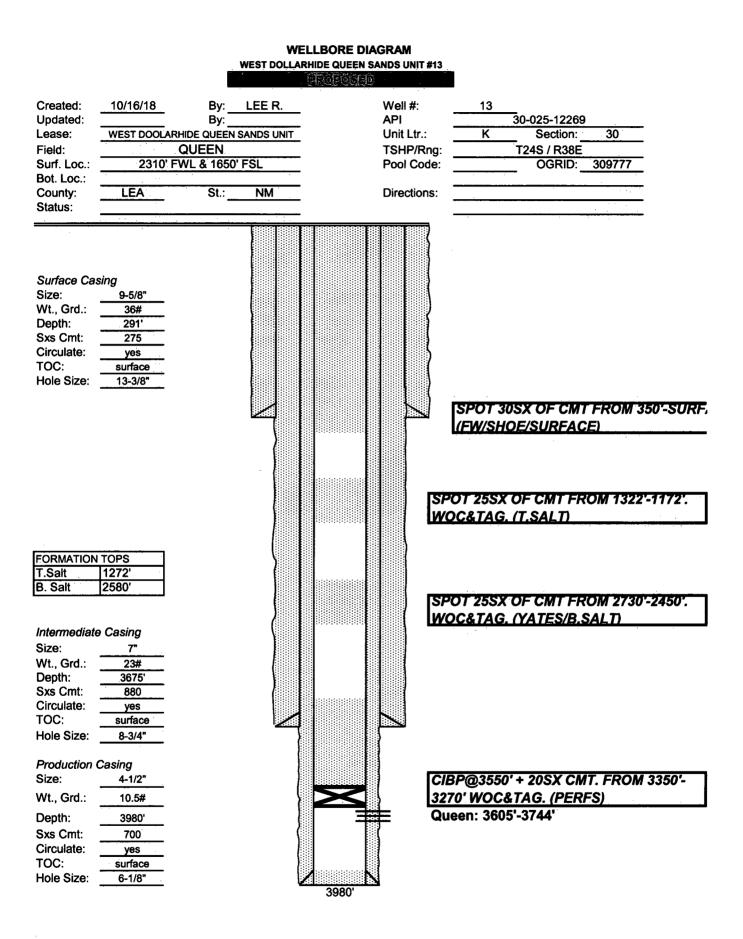
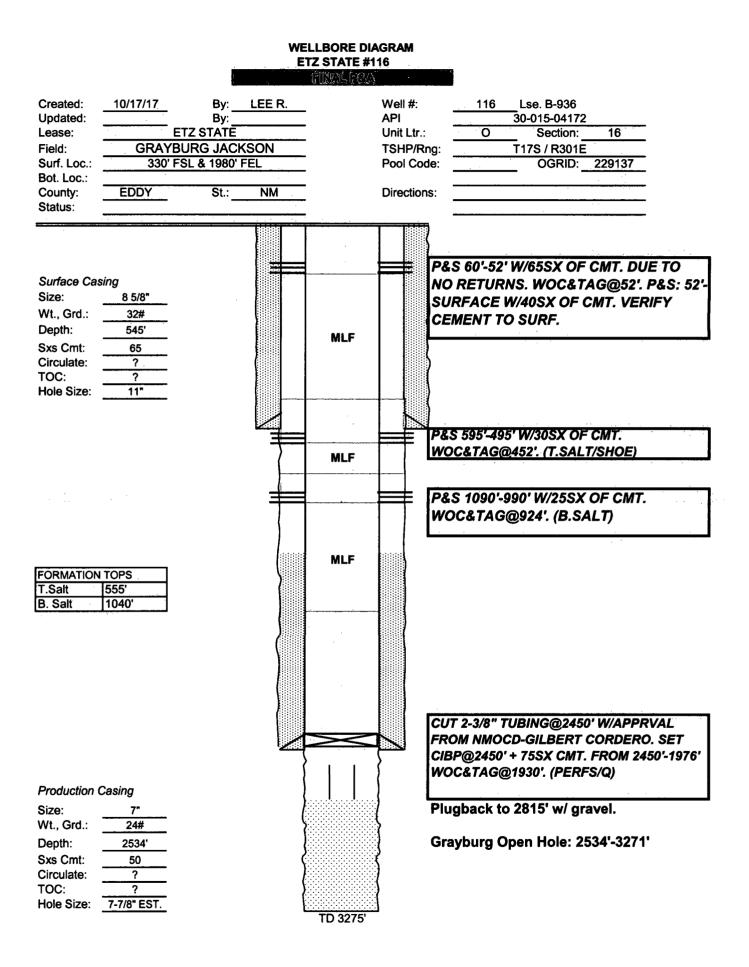
| Submit 1 Copy To Appropriate District<br>Office                                                                                                                                             | State of New Wextee                |                     | Form C-103                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-------------------------------------|----------------------------|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources                                                                                                                          |                                    |                     | Revised August 1, 2011 WELL API NO. |                            |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283                                                                                                                  |                                    |                     | 30-025-12269                        |                            |
| 811 S. First St., Artesia, NM 88210                                                                                                                                                         |                                    |                     | 5. Indicate Type of La              | ease                       |
| 1000 Die Denman Dil Anton NDA 27410                                                                                                                                                         |                                    |                     | STATE                               | FEE 🛛                      |
| $\frac{\text{District IV}}{\text{District IV}} = (505) 476-3460$ 1220 S. St. Francis Dr., Santa Fe, NM OCT 2 4 2018 Santa Fe, NM 87505 87505                                                |                                    |                     | 6. State Oil & Gas Le               | ase No.                    |
| 1220 S. St. Francis Dr., Santa Fe, NM UCI =<br>87505                                                                                                                                        |                                    |                     | 313857                              |                            |
| SUNDRY NOTE SAME FORTS ON WELLS                                                                                                                                                             |                                    |                     | 7. Lease Name or Un                 | it Agreement Name          |
| (DO NOT USE THIS FORM FOR PROFESSION TO DRILL OR TO DEEPEN OR PLUG BACK TO A                                                                                                                |                                    |                     | WEST DOLLARHIDE QUEEN               |                            |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.)                                                                                                      |                                    |                     | SANDS UNIT                          |                            |
| 1. Type of Well: Oil Well Gas Well Other INJECTION                                                                                                                                          |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     | 8. Well Number                      | 13                         |
| 2. Name of Operator                                                                                                                                                                         |                                    |                     | 9. OGRID Number                     | 200777                     |
| RAM ENERGY LLC       3. Address of Operator                                                                                                                                                 |                                    |                     | 10. Pool name or Wil                | <u>309777</u>              |
| 2100 S. UTICA AVE., SUITE 175, TULSA, OK 74114                                                                                                                                              |                                    |                     | DOLLARHIDE QUEEN (018810)           |                            |
| 4. Well Location                                                                                                                                                                            |                                    |                     |                                     | 202211 (010010)            |
|                                                                                                                                                                                             | 2310 feet from the WEST            | line and 16         | feet from the                       | SOUTH line                 |
| Section 30                                                                                                                                                                                  | Township 24S                       | Range 38E           |                                     | LEA County                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                          |                                    |                     |                                     |                            |
| 3120' KB                                                                                                                                                                                    |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                |                                    |                     |                                     |                            |
| NOTICE OF INTENTION TO:                                                                                                                                                                     |                                    |                     |                                     |                            |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK                                                                                                                                        |                                    |                     | -                                   |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     | ГЈОВ 🗌                              | _                          |
| DOWNHOLE COMMINGLE                                                                                                                                                                          |                                    |                     |                                     |                            |
| OTHER:                                                                                                                                                                                      |                                    | 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.                                                                                                                                                        |                                    |                     |                                     |                            |
| 1. NOTIFY NMOCD 24 HRS. BEFORE MIRU.                                                                                                                                                        |                                    |                     |                                     |                            |
| 2. MIRU. ND WH, NU BOPE. 25                                                                                                                                                                 |                                    |                     |                                     |                            |
| 3. SET CIBP@3550' AND SPOT 20SX OF CLASS "C" CEMENT FROM 3550'-3270'. (PERFS/SHOE)                                                                                                          |                                    |                     |                                     |                            |
| 4. CIRCULATE 9.5 PPG MLF AND TEST CASING.                                                                                                                                                   |                                    |                     |                                     |                            |
| 5. SPOT 25SX OF CLASS "C" CEMENT FROM 2730'-2450'. WOC&TAG. (YATES/B.SALT)                                                                                                                  |                                    |                     |                                     |                            |
| <ol> <li>SPOT 25SX OF CLASS "C" CEMENT FROM 1322'-1172'. WOC&amp;TAG. (T.SALT)</li> <li>SPOT 30SX OF CLASS "C" CEMENT FROM 350'-SURFACE. VERIFY CEMENT TO SURFACE. (FW/SURFACE).</li> </ol> |                                    |                     |                                     |                            |
| 8. CUTOFF WELLHEAD AND ANCHORS 3' BELOW SURFACE. TURN OVER FOR RECLAMATION.                                                                                                                 |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
| CLOSED LOOP CONTAIN                                                                                                                                                                         | MENT SYSTEM WILL BE USE            | D FOR FLUIDS.       | _                                   | usehed                     |
| <b></b>                                                                                                                                                                                     |                                    |                     | See                                 | Attacinca                  |
| Spud Date:                                                                                                                                                                                  | Rig Release D                      | ate:                |                                     | ne of Approva.             |
| •                                                                                                                                                                                           |                                    |                     | <u> </u>                            | Attached<br>ns of Approval |
|                                                                                                                                                                                             |                                    |                     | _                                   |                            |
| I hereby certify that the information a                                                                                                                                                     | bove is true and complete to the b | est of my knowledge | e and belief.                       |                            |
| IND                                                                                                                                                                                         | 1 R P                              |                     |                                     |                            |
| SIGNATURETITLEOP MGRDATE10/22/18                                                                                                                                                            |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
| Type or print nameM. PATTERSON_E-mail address:MPATTERSON@RAMENERGY.NET PHONE: (918) 947-6301 For State Use Only                                                                             |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
| APPROVED BY: Marhulitan TITLE P.E.S. DATE 10/24/2018                                                                                                                                        |                                    |                     |                                     |                            |
| Conditions of Approval (if any):                                                                                                                                                            |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     |                                     |                            |
|                                                                                                                                                                                             |                                    |                     | •                                   |                            |







## **GENERAL CONDITIONS OF APPROVAL:**

- 1) Insure all bradenheads have been exposed, identified, and valves are operational prior to rigging up on well.
- 2) Contact the appropriate NMOCD District Office no later than 24 hours prior to moving in and rigging up.
- 3) A copy of the approved C103 intent to P&A should be distributed to the onsite company and plugging representatives. Approved procedures are good for a period of one year from approved date, unless otherwise specified on the C103 intent. Approvals past this date will require the submission and approval of a new C103 intent.
- 4) A company representative is required to be present to witness all operations including setting CIBP's, circulation of mud laden fluids, perforating, squeezing or spotting cement plugs, tags, or any other operations approved on the C103 intent to P&A. Company representative should contact the NMOCD and report all operations.
- 5) Any changes that may be required during plugging operations should be approved by the NMOCD before proceeding.
- 6) A closed loop system is to be used for all plugging operations. Contents of the steel pits to be hauled to a NMOCD permitted disposal facility.
- 7) Mud laden fluids must be placed between all cement plugs mixed at 25 sacks of salt gel per 100 barrels of brine.
- 8) All cement plugs will be 100' or 25 sacks cement, whichever is greater. Class 'C' cement will be used above 7500' and Class 'H' below 7500'.