| Submit 1 Copy To Appropriate District Office | State of New Mexico | Form C-103 |
|--|---|---|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised August 1, 2011 WELL API NO. |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | OIL CONSERVATION DIVISION 2019 220 South St. Francis Dr. | 30-025-30014 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM, 85 (1) | 20 South St. Francis Dr. | STATE S FEE |
| <u>District II</u> – (575) '748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8110 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | anta Fe, NM 8/505 | 6. State Oil & Gas Lease No. |
| . 87505 | Mr. Elas | 313857 |
| SUNDRY NO | TICE AND REPORTS ON WELLS POSSES TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APP | LICATION FOR PERMIT" (FORM C-101) FOR SUCH | WEST DOLLARHIDE QUEEN SAND UNIT |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well Other | GIII |
| 1. Type of well. On well | Gas well Ouler | 8. Well Number 83 |
| 2. Name of Operator RAM ENERGY LLC | | 9. OGRID Number |
| 3. Address of Operator | | 309777 10. Pool name or Wildcat |
| 2100 S. UTICA AVE., SUIT | E 175, TULSA, OK 74114 | DOLLARHIDE QUEEN (018810) |
| 4. Well Location | | <u> </u> |
| Unit LetterE: | 1000feet from theWEST line and | 1700feet from theNORTHline |
| Section 29 | Township 24S Range 381 | |
| | 11. Elevation (Show whether DR, RKB, RT, GR, e | etc.) |
| | 3224.5' GR | |
| 12 Charl | Annuaniata Day to Indicata Native of Natic | na Ramant an Othan Data |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK [| | — |
| | ☐ CHANGE PLANS ☐ COMMENCE I ☐ MULTIPLE COMPL ☐ CASING/CEMB | DRILLING OPNS.□ P AND A □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| - | | ENT JOB \square PN R |
| _ | _ | |
| 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. | | |
| | | |
| 01/08/19-NOTIFIED NMOCD OF MIRU. | | |
| 01/09/19-SET CIBP@3768'. 01/10/1 <u>9-</u> CIRCULATED WELLBORE WITH MLF. CASING TESTED GOOD TO 550# FOR 15 MINUTES. | | |
| SPOTTED 25SX OF CLASS "C" FROM 3768'-3518'. SPOTTED 40SX OF CLASS "C" FROM 2889'-2485'. SPOTTED | | |
| 25SX CLASS "C" FROM 1350'-1098'. SPOTTED 50SX OF CLASS "C" FROM 500'-SURFACE. | | |
| CUTOFF WELLHEAD, ANCHORS 3' BELOW SURFACE AND INSTALL MARKER. | | |
| COTOTT WEEDIERES, | TWO HOLDS BELOW BOIL NO FIND INSTITUTE | WI HALA. |
| | | |
| Spud Date: | Rig Release Date: | |
| Spud Date. | Nig Release Date. | |
| | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| | | |
| SIGNATURE M | TITLE OPERATIONS MA | ANAGERDATE02/20/19 |
| SIGNATURE 1 1 1 | TITLEOFERATIONS MA | ANAGERDATE02/20/19 |
| Type or print name _MATTHEW PATTERSON_E-mail address: _MPATTERSON@RAMENERGY.NET_ PHONE: _(918)947-6301_ | | |
| For State Use Only | | |
| APPROVED BY: Years | tinh. TITLE Compliance to | 1/1:0 A DATE 3-7-19 |
| Conditions of Approval (if any): | Fortune TITLE Compliance | Huer H DAIL 3 1-19 |