

Submit 1 Copy To Appropriate District Office
 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

State of New Mexico
 Energy, Minerals and Natural Resources
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OGD
 MAR 05 2019
 RECEIVED

Form C-103
 Revised August 1, 2011

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| <p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator RAM ENERGY LLC</p> <p>3. Address of Operator 2100 S. UTICA AVE., SUITE 175, TULSA, OK 74114</p> <p>4. Well Location Unit Letter <u> K </u> : <u> 2607 </u> feet from the <u> SOUTH </u> line and <u> 2457 </u> feet from the <u> WEST </u> line Section <u> 32 </u> Township <u> 24S </u> Range <u> 38E </u> NMPM LEA County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3194' GR</p> | <p>WELL API NO. 30-025-30152</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No. B-9311</p> <p>7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UNIT</p> <p>8. Well Number 97</p> <p>9. OGRID Number 309777</p> <p>10. Pool name or Wildcat DOLLARHIDE QUEEN (018810)</p> |
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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| <p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> | <p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> |
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✓ p.m.
PNR

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.

01/09/19-NOTIFIED NMOCD OF MIRU.
 01/10/19-SET CIBP@3600'. CIRCULATED WELLBORE WITH MLF. CASING TESTED GOOD TO 500# FOR 15 MINUTES.
 → SPOTTED 85SX OF CLASS "C" FROM 3600'-2315'. WOC&TAGGED@2270'. SPOTTED 85SX OF CLASS "C" FROM 1302'-SURFACE.

CUTOFF WELLHEAD, ANCHORS 3' BELOW SURFACE AND INSTALL MARKER.

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 MPR TITLE OPERATIONS MANAGER DATE 02/20/19

Type or print name MATTHEW PATTERSON E-mail address: MPATTERSON@RAMENERGY.NET PHONE: (918)947-6301
For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3-7-19
 Conditions of Approval (if any):