

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

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-025-07306
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name F M Holloway
8. Well Number 1
9. OGRID Number 328599
10. Pool name or Wildcat SWD; San Andres-GL-PAD-BLI-Tubb

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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  SWD

2. Name of Operator  
Ring Energy, Inc.

3. Address of Operator  
901 West Wall Street, Midland, TX, 79701

4. Well Location  
 Unit Letter B : 660 feet from the North line and 1980 feet from the East line  
 Section 13 Township 17S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3697 GL

NOBBS OCD  
OCT 14 2019  
RECEIVED

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 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 checked="" 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.

Ring Energy, conducted the required MIT and bradenhead test on the subject well on September 17, 2019. The chart and test are attached.

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 Wayne Dixon TITLE Superintendent DATE 9-19-2019  
Wayne Dixon wdixon@ringenergy.com 432-556-5920  
 Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
**For State Use Only**

APPROVED BY: Kerry Fark TITLE C.O. A DATE 10-24-19  
 Conditions of Approval (if any): \_\_\_\_\_

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>Ring Energy, INC</b>		API Number <b>30-025-07306</b>
Property Name <b>F M Holloway</b>		Well No. <b>001</b>

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>B</b>	<b>13</b>	<b>17S</b>	<b>38-E</b>	<b>660</b>	<b>N</b>	<b>1980</b>	<b>E</b>	<b>Lea</b>

**Well Status**

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJ INJECTOR <input checked="" type="checkbox"/> SWD	PRODUCER OIL <input checked="" type="checkbox"/> GAS	DATE <b>9-17-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	0	0	0	600
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Annual UIC  
 (Daniel) ADC serv,  
 Ser# MFL 0056  
 cal 9-16-19

Signature: <b>Wayne Dixon</b>	OIL CONSERVATION DIVISION
Printed name: <b>WAYNE DIXON</b>	Entered into RBDMS
Title: <b>SUPERINTENDANT</b>	Re-test
E-mail Address: <b>WDIXON@RINGENERGY.COM</b>	
Date: <b>9-17-19</b>	
Phone: <b>482-556-5923</b>	
Witness: <b>Kerry FORTNER - OLD</b>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM

