

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. 30-025-39999
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TD Pope 36
8. Well Number 10
9. OGRID Number 328599
10. Pool name or Wildcat Denton, Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3805 GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO GO BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  Injector

2. Name of Operator  
Ring Energy, Inc.

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

4. Well Location  
 Unit Letter D : 350 feet from the North line and 990 feet from the West line  
 Section 36 Township 14S Range 37E NMPM County Lea

**HOBBS OCD  
 OCT 18 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 Forke 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>30-025-39999</b>
Property Name <b>T D POPE 36</b>		Well No. <b>010</b>

**Surface Location**

UL - Lot <b>D</b>	Section <b>36</b>	Township <b>14-5</b>	Range <b>37-E</b>	Feet from <b>350</b>	N/S Line <b>N</b>	Feet From <b>990</b>	E/W Line <b>W</b>	County <b>Lea</b>
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**Well Status**

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	0	0	NA	0	0
<u>Flow Characteristics</u>					Not 2nd
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	CO2
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

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

ACD OF field services  
 Ser# MFG-0056  
 Cal 9-16-19

Signature: <i>Wayne Dixon</i>	OIL CONSERVATION DIVISION
Printed name: <b>WAYNE DIXON</b>	Entered into RBDMS
Title: <b>SUPERINTENDENT</b>	Re-test <i>[Signature]</i>
E-mail Address: <b>WDIXON@RINGENERGY.COM</b>	
Date: <b>9-17-19</b>	
Phone: <b>482-5365925</b>	
Witness: <b>Kerry Fortner - OCD</b>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM

