

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

HOBBES OOD
RECEIVED
FEB 18 2020

| |
|---|
| WELL API NO. 30-025-05232 |
| 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 State T |
| 8. Well Number 7 |
| 9. OGRID Number 328599 |
| 10. Pool name or Wildcat Denton Devonian |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3820' GL |

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

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Ring Energy, Inc.

3. Address of Operator
P.O. Box 11350, Midland, TX 79702

4. Well Location
Unit Letter N : 990 feet from the South line and 2310 feet from the WEST line
Section 2 Township 15S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *JPM.*

| | | | |
|--|---|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| 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"/> | | OTHER: <i>TA wellchart</i> | <input checked="" type="checkbox"/> |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input 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.

FINAL TA STATUS- EXTENSION

MIT TA Extension

Approval of TA EXPIRES: 2/3/22
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 27

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 2/4/2020
Wayne Dixon wdixon@ringenergy.com 432-556-5923

Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only

APPROVED BY: Kenny Fort TITLE CO A DATE 2-20-20
Conditions of Approval (if any): _____

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

BRADENHEAD TEST REPORT

| | | | |
|--------------------|--|---------------|---|
| RING ENERGY | | Operator Name | API Number 30-025-05232-00-00 |
| STATE T | | | Property Name |
| | | | Well No. 007 |

Surface Location

| | | | | | | | | |
|----------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot N | Section 2 | Township 15-S | Range 37-E | Feet from 990 | N/S Line S | Feet From 2310 | E/W Line W | County LEA |
|----------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | |
|--|--|---------------------|--|-----------------------|
| TA'D Well <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR INJ SWD | PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE 2/3/20 |
|--|--|---------------------|--|-----------------------|

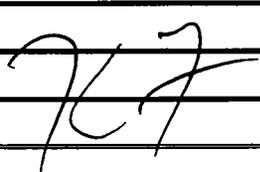
OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing |
|-----------------------------|----------------|--------------|--------------|--|--------------------|
| Pressure | NA | NA | N/A | 50 | TR |
| Flow Characteristics | | | | | |
| Puff | Y/N | Y/N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | CO2 _____ |
| Steady Flow | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> N | WTR _____ |
| Surges | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> N | GAS _____ |
| Down to nothing | Y/N | Y/N | Y/N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | If applicable type |
| Gas or Oil | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> N | fluid injected for |
| Water | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> N | Waterflood |

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

TA STATUS TEST

Acd Oilfield serv
 ser # 8127
 cal 7-9-19

| | | | |
|-----------------------------------|--------|---|--|
| Signature: | | OIL CONSERVATION DIVISION | |
| Printed name: | | Entered into RBDMS | |
| Title: | | Re-test | |
| E-mail Address: | |  | |
| Date: 2/3/20 | Phone: | | |
| Witness: KERRY FORTNER-OCD | | | |