

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

HOBBBS OCD  
 FEB 13 2020  
 RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-09863</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>Ring Energy, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 11350, Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>Priest</b>
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>WEST</u> line Section <u>1</u> Township <u>15S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3808' GL</b>		9. OGRID Number <b>328599</b>
10. Pool name or Wildcat <b>Devonian</b>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *1 p.m.*

<b>NOTICE OF INTENTION TO:</b> 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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 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"/> OTHER: <i>TA wildcat</i> <input checked="" type="checkbox"/>	
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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: 8/3/20  
 Well needs to be PLUGGED OR RETURNED to PRODUCTION  
 BY THE DATE STATED ABOVE: 2020

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  
 Type or print name Wayne Dixon E-mail address: wdixon@ringenergy.com PHONE: 432-556-5923

APPROVED BY: Kerry Tate TITLE CO A DATE 2-20-20  
 Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM

5

4

3

2

1

MIDNIGHT

900

800

700

600

500

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300

200

100

Graphic Controls

DATE

2/3/20

BR 2221

NOON

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6 AM

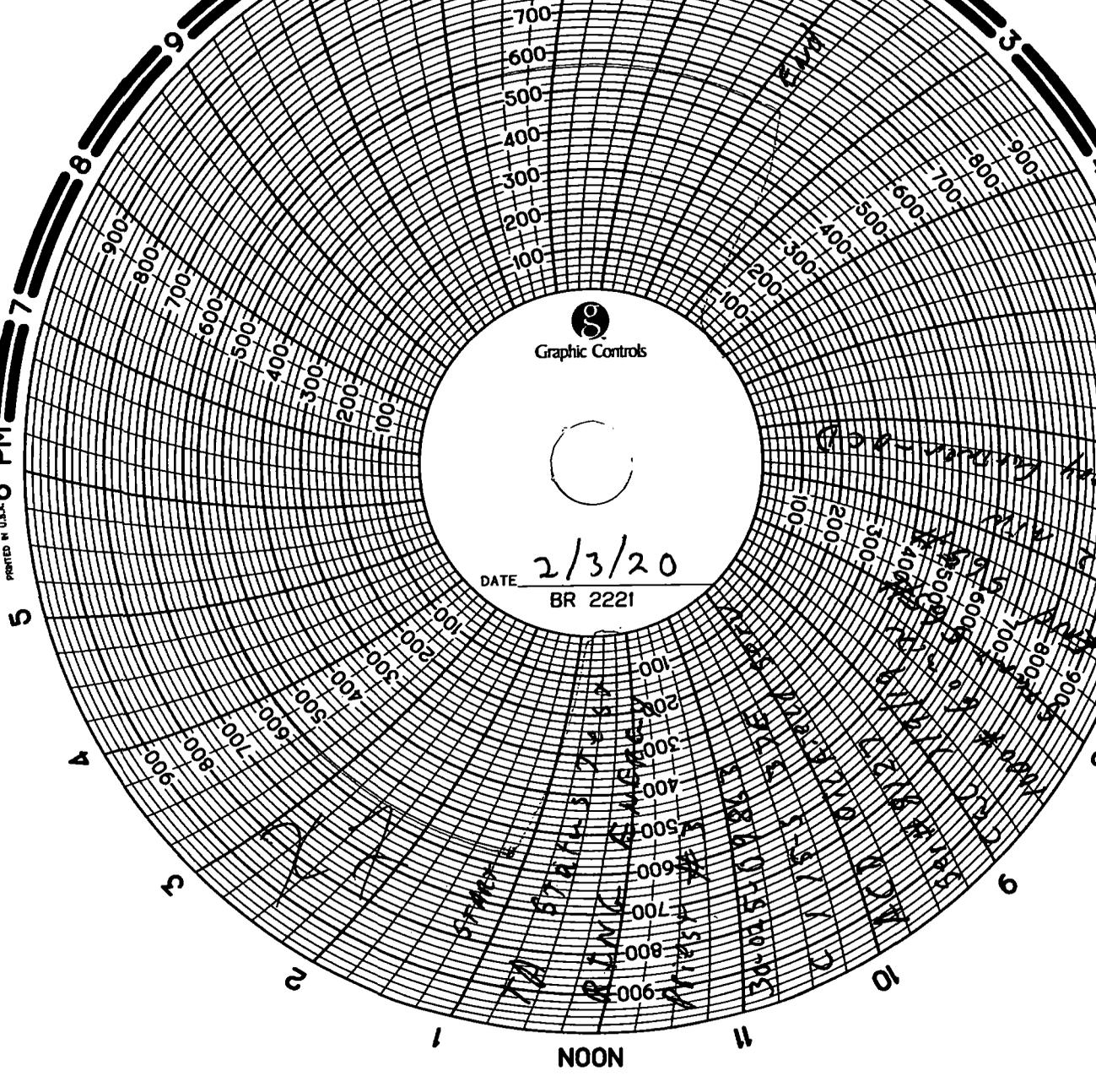
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1



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

**BRADENHEAD TEST REPORT**

<b>RING ENERGY</b>	Operator Name	API Number <b>30-025-09863-00-00</b>
<b>PRIEST</b>	Property Name	<b>003</b> Well No.

**7. Surface Location**

UL - Lot <b>C</b>	Section <b>1</b>	Township <b>15-S</b>	Range <b>37-E</b>		Feet from <b>660</b>	N/S Line <b>N</b>	Feet From <b>1650</b>	E/W Line <b>W</b>	County <b>LEA</b>
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**Well Status**

TA'D Well <b>YES</b> NO	SHUT-IN <b>YES</b> NO	INJECTOR INJ SWD	PRODUCER <b>OIL</b> GAS	DATE <b>2/3/20</b>
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**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csnrg	(E)Tubing
Pressure	0	N/A	N/A	0	0
<b>Flow Characteristics</b>					<b>TA</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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/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**

**7-9-19**

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

**575-263-6633**