

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 351195																								
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.)		WELL API NUMBER 30-025-48663																								
1. Type of Well: Oil		5. Indicate Type of Lease State																								
2. Name of Operator TAP ROCK OPERATING, LLC		6. State Oil & Gas Lease No.																								
3. Address of Operator 523 Park Point Drive, Suite 200, Golden, CO 80401		7. Lease Name or Unit Agreement Name HYPERION STATE																								
4. Well Location Unit Letter <u>C</u> : <u>574</u> feet from the <u>N</u> line and feet <u>1957</u> from the <u>W</u> line Section <u>20</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>		8. Well Number 102H																								
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3543 GR		9. OGRID Number 372043																								
Pit or Below-grade Tank Application ☐ or Closure ☐																										
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																										
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: <u>Perforations/Tubing</u> ☒																										
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 3/7/2023: Install gas lift and tubing. Ran 2.875 inch L-80 tubing to 9057 ft MD. Packer set at 9035 ft MD. Returned well to production. Perforations Pool: TRIPLE X; BONE SPRING, WEST , 96674 Location: N -20-24S-33E 30 S 2310 W <table border="1"><thead><tr><th>TOP</th><th>BOT</th><th>Open Hole</th><th>Shots/ft</th><th>Shot Size</th><th>Material</th><th>Stimulation</th><th>Amount</th></tr></thead><tbody><tr><td>9450</td><td>14174</td><td>N</td><td>1</td><td>0.55</td><td>Sand</td><td>Frac</td><td>11049160</td></tr></tbody></table> Tubing TRIPLE X;BONE SPRING, WEST , 96674 <table border="1"><thead><tr><th>Tubing Size</th><th>Type</th><th>Depth Set</th><th>Packer Set</th></tr></thead><tbody><tr><td>2.875</td><td>L-80</td><td>9057</td><td>9035</td></tr></tbody></table>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	9450	14174	N	1	0.55	Sand	Frac	11049160	Tubing Size	Type	Depth Set	Packer Set	2.875	L-80	9057	9035
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐																										
SIGNATURE	Electronically Signed	TITLE	Regulatory Manager	DATE	9/29/2023																					
Type or print name	Christian Combs	E-mail address	ccombs@taprk.com	Telephone No.	720-360-4028																					
For State Use Only:																										
APPROVED BY:	Patricia L Martinez	TITLE		DATE	6/27/2024 8:35:13 AM																					