

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. 30-025-34687
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 Jackson Unit
8. Well Number 7
9. OGRID Number 372043
10. Pool name or Wildcat Johnson Ranch Wolfcamp

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator TAP ROCK OPERATING, LLC	
3. Address of Operator 602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401	
4. Well Location Unit Letter <u>J</u> : 1980 feet from the <u>South</u> line and 1980 feet from the <u>East</u> line Section <u>15</u> Township <u>24S</u> Range <u>33F</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3611 GR	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Well Shut in <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.

Due to current market prices, Tap Rock has decided to shut in the Jackson Unit 7H. The well was shut in on 4/11/2020 and plans to remain shut in until pricing has risen to an adequate economic level to produce.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bill Ramsey TITLE Regulatory Analyst DATE 5/4/2020

Type or print name Bill Ramsey E-mail address: bramsey@taprk.com PHONE: 720-360-4028

For State Use Only **ACCEPTED FOR RECORD ONLY**
To apply for SI Status, submit ACO

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____