Submit 1 Copy To Appropriate DistrictState of New 2OfficeDistrict I - (575) 393-6161Energy, Minerals and N				Form C-103 Revised July 18, 2013		
	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NC 30-025-41087 5. Indicate Typ STATE			
	CD - HOBB5 04/21/2020 RECEIVED Santa Fe, NM 87505	505	6. State Oil &	Gas Lease No.		
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			7. Lease Name Jackson Unit	or Unit Agreement Name		
PROPOSALS.) 1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other			8. Well Number _{17H}			
2. Name of Operator TAP ROCK OPERATING, LLC			9. OGRID Number 372043			
 Address of Operator 602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401 			10. Pool name or Wildcat TRIPLE X; BONE SPRING, WEST			
4. Well Location						
Unit Letter A	: <u></u> feet from the <u></u>	line and	feet f	rom the <u>East</u> line		
Section 15	*	ige 33E	NMPM	County Lea		
	11. Elevation <i>(Show whether DR, J</i> 3613 GR	RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF I PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [PULL OR ALTER CASING [CHANGE PLANS	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT		EPORT OF: ALTERING CASING P AND A		

Due to current market prices, Tap Rock has decided to shut in the Jackson Unit 17H wellbore. The well was shut in on 4/1/2020 and plans to

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

ACCEPTED FO	R RECORD ONLY Status submit ACO
ACCEPTED TO To apply for SI	Status Sur

OTHER: Shut in Well

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

remain shut in until pricing has risen to an adequate economic level to produce.

proposed completion or recompletion.

DOWNHOLE COMMINGLE

CLOSED-LOOP SYSTEM

OTHER:

SIGNATURE Ramy	TITLE Regulatory Analyst	DATE 4/21/2020
Type or print name Bill Ramsey For State Use Only	E-mail address: bramsey@taprk.com	PHONE:
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE