Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office	y, Minerals and Natural Resources	Revised July 18, 2013
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 Brays Rd, Artes NM 87410 04/21/2020 1220 South St. Francis Dr.		WELL API NO. 30-025-41439
		5. Indicate Type of Lease
		STATE X FEE
<u>District IV</u> $-$ (505) 4/6-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		Bettis 20 State Com
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number _{005H}
Name of Operator TAP ROCK OPERATING, LLC		9. OGRID Number 372043
3. Address of Operator		10. Pool name or Wildcat
602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401		Triple X; Bone Spring, West
4. Well Location		
Unit Letter M: 200 feet from the South line and 380 feet from the West line		
Section 20 Township 24S Range 33E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538 GR		
3330 GIV		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING MULTIPLI	_	
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	OTHER: Shut in	Well 🔀
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 Bettis 20 State Com 005H wellbore. The well was shut in on 4/1/2020 and plans to		
remain shut in until pricing has risen to an adequate economic level to produce.		
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	To apply to	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Janey	Dogulatory Applyat	4/21/20
SIGNATURE 7	TITLE Regulatory Analyst	
Type or print name Bill Ramsey	E-mail address: bramsey@taprk.c	om PHONE: 720-360-4028
For State Use Only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	111100	DAIL