Submit 1 Copy To Appropriate District	State of New Mexico				Form C-103	
Office <u>District I</u> – (575) 393-6161	nerals and Natural Resources		WELL ADIA	Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API N 30-025-41139			
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			RVATION DIVISION ath St. Francis Dr.		ype of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STAT	E 🔀 FEE 🗌 & Gas Lease No.	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	O S. St. Francis Dr., Santa Fe, NM			0. State Off t	x das Lease No.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Nar	ne 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 PROPOSALS.)				Jackson Unit		
1. Type of Well: Oil Well	Gas Well Othe	er oc!)-HOBBS	8. Well Num		
2. Name of Operator TAP ROCK OPERATING, LI	LC	0	5/04/2 02 0 ECEIVED	9. OGRID N	372043	
3. Address of Operator 602 PARK POINT DR, SUITI	E 200, GOLDEN, CO	80401	10. Pool name or Wildcat Triple X Bone Spring, West			
4. Well Location				1	-	
Omi Letter		n the South	line and		t from the East line	
Section 21	Townshi	1	nge 33E RKB, RT, GR, etc.,	NMPM	County LEA	
	3530 GR	w whether DK,	TRD, R1, OR, etc.,			
12. Check	Appropriate Box	to Indicate N	ature of Notice,	Report or Ot	her Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK			☐ ALTERING CASING ☐			
DOWNHOLE COMMINGLE	Ī	_		_	_	
CLOSED-LOOP SYSTEM COTHER:]	П	OTHER: Shut in W	OTHER: Shut in Well		
			ertinent details, and	d give pertinent	dates, including estimated date ach wellbore diagram of	
proposed completion or recompletion.						
Tap Rock has decided to keep the Jackson Unit 20H wellbore shut in. The well was shut in on 5/5/2020 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.						
10						
SIGNATURE Rang		TITLE_Regulate	ory Analyst		_DATE	
Type or print name Bill Ramsey		E-mail address	bramsey@taprk.co	m	PHONE:	
For State Use Only ACCEPTED FOR RECORD ONLY						
APPROVED BY:	To apply for	SL Status, subr	nit ACO		DATE	

APPROVED BY:_____ Conditions of Approval (if any):