Submit 1 Copy To Appropriate District Office	State of New Mexic	0	Form C	
District I – (575) 393-6161	Energy, Minerals and Natural	Resources	Revised July 18,	2013
1625 N. French Dr., Hobbs, NM 88240		WELL AI		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DI	VISION 30-025-44		——
District III – (505) 334-6178	1220 South St. Francis		te Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8750		ATE FEE O	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa I e, INIVI 6750.	o. State C	M & Gas Lease No.	
87505	CCC AND DEPORTS ON WELLS	7 1	Name of Init Assessment No	
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG B		Name or Unit Agreement Na	me
	CATION FOR PERMIT" (FORM C-101) FOR SU		24S35E3328	
PROPOSALS.)		8. Well N		
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator		9. OGRII	D Number 372043	1
Tap Rock Operating, LLC 3. Address of Operator		10 Page	nama ar Wildagt	
602 Park Point DR, Suite 200, Golden, CO 80401			10. Pool name or Wildcat WC-025 G-09 S243532M	
		W C-023 V		
4. Well Location				
Unit Letter G : 2306 feet f	rom the North line and 1952 feet from t			
Section 33	Township 24S Rai		PM Lea County	
	11. Elevation (Show whether DR, RK	B, RT, GR, etc.)		
Landing Manager And Control of the C	3287'			
12 (1)	anne de Cara De la de La Parte Maria	CNI-dia Danada	Od - D-4-	
12. Check A	Appropriate Box to Indicate Natur	re of Notice, Report or	Other Data	
NOTICE OF INTENTION TO: SUE		SUBSEQUEN	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲 RE	EMEDIAL WORK	☐ ALTERING CASING	,
TEMPORARILY ABANDON	CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			
PULL OR ALTER CASING	MULTIPLE COMPL	ASING/CEMENT JOB		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM □	_			
OTHER:		THER:		ᆜ
	leted operations. (Clearly state all pertirk). SEE RULE 19.15.7.14 NMAC. Fompletion.			d date
-				
	listed in section 4 above. First Take P	oint (FTP), Last Take Poin	t (LTP), and Bottom Hole Lo	cation
(BHL) are NOT changing.				
				
Spud Date: 6/25/2018	Rig Release Date:			
I hereby certify that the information	above is true and complete to the best o	f my knowledge and belief		
Vans		ling Manages	0/40/004	0
SIGNATURE	TITLE Dril	ling Manager	DATE6/13/201	8
Two or print name	:			
Type or print name	🗸 🕒 🗈 mail addesser		DHONE:	
For State Use Liniv	E-mail address:		PHONE:	
For State Use Only		roleum Engineer	PHONE:	
APPROVED BY: Conditions of Approval of any):		roleum Engineer	PHONE: DATE	15