

District I - (575) 393-6161

District II - (575) 748-1288

District III - (505) 334-6178

District IV - (505) 476-3460

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OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-42652

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

JACKSON UNIT

8. Well Number

030H

9. OGRID Number

372043

10. Pool name or Wildcat

TRIPLE X; BONE SPRING, WEST

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

TAP ROCK RESOURCES

3. Address of Operator

602 PARK POINT DRIVE, GOLDEN, CO 80401

4. Well Location

Unit Letter O : 200 feet from the SOUTH line and 1640 feet from the EAST line

Section 21 Township 24S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3532 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING/CEMENT JOB ☐

OTHER: ☒

ALTERING CASING ☐

P AND A ☐

Completions work

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.

25 stage frac job from 6/10/18 to 6/18/18

SWI and prepping for flowback on 6/23/18

Flowback began 6/25/18

Run production tubing and GLV's on 7/10/18

Turned over to production on 7/11/18

Spud Date: 8/17/15

Rig Release Date: 9/15/15

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

SIGNATURE John W. Masenheimer

TITLE OPERATIONS TECHNICIAN

DATE 7/30/2018

Type or print name JOHN MASENHEIMER

E-mail address: JMASENHEIMER@TAPROCK.COM

PHONE: 720-460-3498

For State Use Only

APPROVED BY: Karen Sharp

TITLE Staff Mgr

DATE 8-1-18

Conditions of Approval (if any):