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|--|---|---|---|---|---|--|--|---|-----------------|---------------|-----------------------|--------------------------------------|---------------|-----------------------|--|--|--|--|
| Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88201 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | Form C-105 Revised April 3, 2017 | | | | | | | | | | | | | | |
| HOBBS OGD JUN 28 2019 RECEIVED | | | | | | | | | | | | | | | | | | |
| 1. WELL API NO. 30-025-44656 | | | | | | | | | | | | | | | | | | |
| 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | | | | | | | | | | | | | | | | | | |
| 3. State Oil & Gas Lease No. 321012 | | | | | | | | | | | | | | | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | | | | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | | | | 5. Lease Name or Unit Agreement Name Cosmo K 24S35E3328 Fee | | | | | | | | | | | | | | |
| | | | | 6. Well Number: #213H | | | | | | | | | | | | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | | | |
| 8. Name of Operator TAP ROCK OPERATING, LLC | | | | 9. OGRID 372043 | | | | | | | | | | | | | | |
| 10. Address of Operator 602 PARK POINT DR, STE 200 GOLDEN, CO 80401 | | | | 11. Pool name or Wildcat WC-025 G-09 S243532M, Wolfbone | | | | | | | | | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County | | | | | | | | |
| Surface: | G | 33 | 24S | 35E | | 2306 | FNL | 1952 | FEL | Lea | | | | | | | | |
| BH: | G | 28 | 24S | 35E | | 1520 | FNL | 2308 | FEL | Lea | | | | | | | | |
| 13. Date Spudded 7/14/18 | 14. Date T.D. Reached 9/23/18 | | 15. Date Rig Released 9/26/18 | | 16. Date Completed (Ready to Produce) 11/29/18 | | 17. Elevations (DF and RKB, RT, GR, etc.) 3289 GL | | | | | | | | | | | |
| 18. Total Measured Depth of Well 18823' | | | 19. Plug Back Measured Depth | | | 20. Was Directional Survey Made? Yes | | 21. Type Electric and Other Logs Run | | | | | | | | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name | | | | | | | | | | | | | | | | | | |
| 23 CASING RECORD (Report all strings set in well) | | | | | | | | | | | | | | | | | | |
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED | | | | | | | | | | |
| 13 3/8 | 54.5 | 1034 | | 17 1/2 | | 830 sks | |  | | | | | | | | | | |
| 9 5/8 | 40 | 5025 | | 12 1/4 | | 1000 sks | | | | | | | | | | | | |
| 7 5/8 | 29.7 | 11799 | | 8 3/4 | | 650 sks | | | | | | | | | | | | |
| 5 1/2 | 18 | 18823 | | 6 3/4 | | 1330 sks | | | | | | | | | | | | |
| 24. LINER RECORD | | | | | | | | | | | | | | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | 25. TUBING RECORD | | | | | | | | | | | | | |
| | | | | | SIZE | DEPTH SET | PACKER SET | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 26. Perforation record (interval, size, and number) 12512 - 18677, 0 4", 1209 | | | | | 27. ACID. SHOT. FRACTURE. CEMENT. SQUEEZE. ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>DEPTH INTERVAL</td> <td>AMOUNT AND KIND MATERIAL USED</td> </tr> <tr> <td>12512 - 18677</td> <td>15182603lbs. 100 mesh</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED | 12512 - 18677 | 15182603lbs. 100 mesh | | | | |
| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED | | | | | | | | | | | | | | | | | |
| 12512 - 18677 | 15182603lbs. 100 mesh | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 28. PRODUCTION | | | | | | | | | | | | | | | | | | |
| Date First Production 11/23/18 | | Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing | | | | Well Status (Prod. or Shut-in) Producing | | | | | | | | | | | | |
| Date of Test | Hours Tested | Choke Size | Prod'n For Test Period | Oil - Bbl | Gas - MCF | Water - Bbl. | Gas - Oil Ratio | | | | | | | | | | | |
| 12/13/18 | 24hrs | 32/64 | | 1508 | 1276 | 1523 | | | | | | | | | | | | |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | | | | | | | | | | | | |
| | 1180 | | | | | | | | | | | | | | | | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Flared | | | | | | | 30. Test Witnessed By Shaun Swiful | | | | | | | | | | | |
| 31. List Attachments | | | | | | | | | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | | 33. Rig Release Date: | | | | | | | | | | | |
| 34. If an on-site burial was used at the well, report the exact location of the on-site burial: <div style="display: flex; justify-content: space-between;"> Latitude Longitude NAD83 </div> | | | | | | | | | | | | | | | | | | |

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature 
E-mail Address jmasenheimer@taprk.com

Printed Name John Masenheimer Title: Operations Technician Date: 6/25/19

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

| Southeastern New Mexico | | Northwestern New Mexico | |
|-------------------------|-------------|-------------------------|------------------|
| Formation Name | Depth (TVD) | T. Ojo Alamo | T. Penn A" |
| Delaware Mountain Group | 5283 | T. Kirtland | T. Penn. "B" |
| Ramsey Sand | 5344 | T. Fruitland | T. Penn. "C" |
| Cherry Canyon | 6257 | T. Pictured Cliffs | T. Penn. "D" |
| Brushy Canyon | 7793 | T. Cliff House | T. Leadville |
| Bone Spring | 9076 | T. Menefee | T. Madison |
| Avalon - Upper | 9093 | T. Point Lookout | T. Elbert |
| Avalon - Middle | 9399 | T. Mancos | T. McCracken |
| Avalon - Lower | 9879 | T. Gallup | T. Ignacio Otzte |
| 1st Bone Spring Sand | 10325 | Base Greenhorn | T. Granite |
| 2nd Bone Spring Carb | 10558 | T. Dakota | |
| 2nd Bone Spring Sand | 10761 | T. Morrison | |
| 3rd Bone Spring Carb | 11373 | T. Todilto | |
| 3rd Bone Spring Sand | 12153 | T. Entrada | |
| 3rd Bone Spring W Sand | 12281 | T. Wingate | |
| Wolfcamp A | 12346 | T. Chinle | |
| Wolfcamp A Y Sand | 12412 | T. Permian | |
| Wolfcamp A Fat | 12505 | | |

OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....
No. 2, from.....to..... No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
No. 2, from.....to.....feet.....
No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness In Feet | Lithology | From | To | Thickness In Feet | Lithology |
|------|----|----------------------|-----------|------|----|----------------------|-----------|
|------|----|----------------------|-----------|------|----|----------------------|-----------|