

| Santa Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/oecd/contact-us">https://www.emnrd.nm.gov/oecd/contact-us</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 352922<br><br>WELL API NUMBER<br>30-025-51588<br><br>5. Indicate Type of Lease<br>State<br><br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>QUEEN KEELY STATE COM                                                                            |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|-----------------------------|--------------------|------------------------|----------------|-------------------------|---------------|---------------------|-----------|-----------|-----------|-----------|----------|------|------------|-------|-------|----|-----|---|------|-----|-----|---|--|------|---|---|----------|------|-------|----|-------|----|-----|---|------|------|------|---|--|------|---|---|----------|------|----------|------|-----|----|------|---|-------|------|------|---|--|--|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | 8. Well Number<br>157H                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 2. Name of Operator<br>TAP ROCK OPERATING, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               | 9. OGRID Number<br>372043                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 3. Address of Operator<br>1700 Lincoln St, Suite 4700, Denver, CO 80203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 4. Well Location<br>Unit Letter <u>C</u> : <u>971</u> feet from the <u>N</u> line and feet <u>2116</u> from the <u>W</u> line<br>Section <u>21</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3743 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width: 100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:<br/>           PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br/>           PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br/>           Other: _____         </td> <td>           SUBSEQUENT REPORT OF:<br/>           REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br/>           COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           CASING/CEMENT JOB <input type="checkbox"/><br/>           Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> </td> </tr> </table>                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____ |                              | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 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 1103. For Multiple Completions:<br>Attach wellbore diagram of proposed completion or recompletion.<br>See attached description of work for production casing.<br>See Attached<br><b>8/13/2023</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| <b>Casing and Cement Program</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>08/13/23</td> <td>Surf</td> <td>FreshWater</td> <td>14.75</td> <td>11.75</td> <td>42</td> <td>J55</td> <td>0</td> <td>1860</td> <td>940</td> <td>1.6</td> <td>C</td> <td></td> <td>1000</td> <td>0</td> <td>N</td> </tr> <tr> <td>08/19/23</td> <td>Int1</td> <td>Brine</td> <td>11</td> <td>8.625</td> <td>32</td> <td>J55</td> <td>0</td> <td>5599</td> <td>1125</td> <td>1.34</td> <td>C</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> <tr> <td>09/27/23</td> <td>Prod</td> <td>CutBrine</td> <td>6.75</td> <td>5.5</td> <td>20</td> <td>P110</td> <td>0</td> <td>21652</td> <td>1830</td> <td>1.44</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | Date                                                                                                                                                                                                                                                                                                                  | String                       | Fluid Type                                                                                                                                                                                                                                                                                                             | Hole Size                     | Csg Size | Weight lb/ft                | Grade              | Est TOC                | Dpth Set       | Sacks                   | Yield         | Class               | 1" Dpth   | Pres Held | Pres Drop | Open Hole | 08/13/23 | Surf | FreshWater | 14.75 | 11.75 | 42 | J55 | 0 | 1860 | 940 | 1.6 | C |  | 1000 | 0 | N | 08/19/23 | Int1 | Brine | 11 | 8.625 | 32 | J55 | 0 | 5599 | 1125 | 1.34 | C |  | 1500 | 0 | N | 09/27/23 | Prod | CutBrine | 6.75 | 5.5 | 20 | P110 | 0 | 21652 | 1830 | 1.44 | C |  |  |  | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                                                                                                                             | Hole Size                                                                                                                                                                                                                                                                                                             | Csg Size                     | Weight lb/ft                                                                                                                                                                                                                                                                                                           | Grade                         | Est TOC  | Dpth Set                    | Sacks              | Yield                  | Class          | 1" Dpth                 | Pres Held     | Pres Drop           | Open Hole |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 08/13/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                                                                                                                             | 14.75                                                                                                                                                                                                                                                                                                                 | 11.75                        | 42                                                                                                                                                                                                                                                                                                                     | J55                           | 0        | 1860                        | 940                | 1.6                    | C              |                         | 1000          | 0                   | N         |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 08/19/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                                                                                                                                  | 11                                                                                                                                                                                                                                                                                                                    | 8.625                        | 32                                                                                                                                                                                                                                                                                                                     | J55                           | 0        | 5599                        | 1125               | 1.34                   | C              |                         | 1500          | 0                   | N         |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| 09/27/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Prod                                                                                                                                                                          | CutBrine                                                                                                                                                                                                                                                                                                               | 6.75                                                                                                                                                                                                                                                                                                                  | 5.5                          | 20                                                                                                                                                                                                                                                                                                                     | P110                          | 0        | 21652                       | 1830               | 1.44                   | C              |                         |               |                     | N         |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                        |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| <table style="width: 100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Regulatory Manager</u></td> <td>DATE</td> <td><u>10/25/2023</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Christian Combs</u></td> <td>E-mail address</td> <td><u>ccombs@taprk.com</u></td> <td>Telephone No.</td> <td><u>720-360-4028</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | SIGNATURE                                                                                                                                                                                                                                                                                                             | <u>Electronically Signed</u> | TITLE                                                                                                                                                                                                                                                                                                                  | <u>Regulatory Manager</u>     | DATE     | <u>10/25/2023</u>           | Type or print name | <u>Christian Combs</u> | E-mail address | <u>ccombs@taprk.com</u> | Telephone No. | <u>720-360-4028</u> |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                                                                                                                  | <u>Regulatory Manager</u>                                                                                                                                                                                                                                                                                             | DATE                         | <u>10/25/2023</u>                                                                                                                                                                                                                                                                                                      |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Christian Combs</u>                                                                                                                                                        | E-mail address                                                                                                                                                                                                                                                                                                         | <u>ccombs@taprk.com</u>                                                                                                                                                                                                                                                                                               | Telephone No.                | <u>720-360-4028</u>                                                                                                                                                                                                                                                                                                    |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| <b>For State Use Only:</b><br><table style="width: 100%;"> <tr> <td>APPROVED BY:</td> <td><u>Keith Dziokonski</u></td> <td>TITLE</td> <td><u>Petroleum Specialist A</u></td> <td>DATE</td> <td><u>7/9/2025 10:54:37 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | APPROVED BY:                                                                                                                                                                                                                                                                                                          | <u>Keith Dziokonski</u>      | TITLE                                                                                                                                                                                                                                                                                                                  | <u>Petroleum Specialist A</u> | DATE     | <u>7/9/2025 10:54:37 AM</u> |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Keith Dziokonski</u>                                                                                                                                                       | TITLE                                                                                                                                                                                                                                                                                                                  | <u>Petroleum Specialist A</u>                                                                                                                                                                                                                                                                                         | DATE                         | <u>7/9/2025 10:54:37 AM</u>                                                                                                                                                                                                                                                                                            |                               |          |                             |                    |                        |                |                         |               |                     |           |           |           |           |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |       |    |       |    |     |   |      |      |      |   |  |      |   |   |          |      |          |      |     |    |      |   |       |      |      |   |  |  |  |   |

### Queen Keely 157H Production Casing

9/15/2023: Drill 7.875 inch production hole to 10890 ft then switch to 6.75 in hole to 21680 ft.

9/27/2023: Run 5.5 inch 20 lb P-110 production casing to 21652 ft MD. Pump 40 bbls gel spacer, then 740 sks of 10.5 ppg lead cmt and 1090 sks of 13.2 ppg tail cmt. Drop plug and displace with 20 bbls sugar water then 459 bbls fresh water. 150 bbls returned to surface. Est TOC at 0 ft.

Production Casing details: Casing Date: 9/27/2023, Fluid Type Cut Brine, Hole 7.875 inch to 10890 ft then 6.575 inch to 21680 ft, Csg Size, 5.5 inch, Weight 20 lbs, Grade P-110, Depth set 21652 ft, EST TOC 0 ft, Cement 1830 sacks, yield 3.33 lead/1.44 tail, Class C.

9/26/2023: TD Reached at 21680 MD, 11490 ft TVD.  
Plug Back Measured depth at 21600 ft MD, 11495 ft TVD.  
Rig Release on 9/28/2023 at 17:15.

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

COMMENTS

Action 352922

COMMENTS

|                                                                             |                                              |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Operator:<br>TAP ROCK OPERATING, LLC<br>1700 Lincoln St<br>Denver, CO 80203 | OGRID:<br>372043                             |
|                                                                             | Action Number:<br>352922                     |
|                                                                             | Action Type:<br>[C-103] EP Drilling / Cement |

Comments

| Created By       | Comment                                                     | Comment Date |
|------------------|-------------------------------------------------------------|--------------|
| keith.dziokonski | • Report Pressure test for Production Casing on next Sundry | 7/9/2025     |