

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 298131 WELL API NUMBER 30-025-47035 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name HYPERION STATE																				
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: O		8. Well Number 208H																				
2. Name of Operator TAP ROCK OPERATING, LLC		9. OGRID Number 372043																				
3. Address of Operator 523 Park Point Drive, Suite 200, Golden, CO 80401		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>A</u> : <u>634</u> feet from the <u>N</u> line and feet <u>1247</u> from the <u>E</u> line Section <u>20</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3563 GR																						
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Perforations/Tubing <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: Perforations/Tubing <input checked="" type="checkbox"/>	
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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: Attach wellbore diagram of proposed completion or recompletion. Well spud on 3/21/2021 at 6:15 5/13/2021: TD Reached at 17486 ft MD, 12499 ft TVD. Plug Back Measured depth at 17427 ft MD, 12497 ft TVD. Rig Release on 5/15/2021 at 8:00 6/14/2021: Pressure test casing to 5000 psi for 30 minutes, good test. 6/15/2021 to 7/2/2021: Perforate from 12659 ft to 17339 ft, 1 SPF, .55 inch holes with 299 total shots. 23 stage frac with 11,947,469 lbs of 100 mesh sand. 7/7/2021 to 7/8/2021: Drill out plugs 7/9/2021: Ready to produce <div style="text-align: center;"> Perforations Pool: WC-025 G-09 S243310P; UPPER WOLFCAM , 98135 Location: P -20-24S-33E 5 S 331 E </div> <table style="width:100%;"> <tr> <td>TOP</td> <td>BOT</td> <td>Open Hole</td> <td>Shots/ft</td> <td>Shot Size</td> <td>Material</td> <td>Stimulation</td> <td>Amount</td> </tr> <tr> <td>12659</td> <td>17339</td> <td>N</td> <td>1</td> <td>0.55</td> <td>Sand</td> <td>Frac</td> <td>11947469</td> </tr> </table> <div style="text-align: center;"> Tubing </div>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	12659	17339	N	1	0.55	Sand	Frac	11947469				
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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"/> .																						
SIGNATURE _____		TITLE _____																				
Type or print name _____		E-mail address _____																				
Electronically Signed _____		Regulatory Manager _____																				
DATE _____		Telephone No. _____																				
7/14/2021		720-360-4028																				
For State Use Only:																						
APPROVED BY: _____		TITLE _____																				
Kurt Simmons		Petroleum Specialist - A																				
DATE _____		7/14/2021 10:00:17 AM																				