<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 <u>District II</u>

Type or print name

APPROVED BY:

For State Use Only:

Christian Combs

Paul F Kautz

State of New Mexico Energy Minerals and Natural Resources Form C-103 August 1, 2011 Permit 302938

DISTRICT II		ICIUV. IVIII I	cı aıə aı	iu Naturai Nesot	AI CC3		1 0111111 00200
811 S. First St., Artesia, NM 88210	st St., Artesia, NM 88210					WELL API NUMBER	
Phone: (575) 748-1283 Fax: (575) 748-9720 Oil Conservation Division						30-025-48281	
1220 S. St Francis Dr.						5. Indicate Type of Lease P	
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505						6. State Oil & Gas Lease No.	
Phone:(505) 476-3470 Fax:(505) 476-	3462					7. Lease Name or Unit Agreeme	ent Name
	SUNDRY NOT	ICES AND REPO	ORTS ON V	VELLS		MANDELBAUM FE	
(DO NOT USE THIS FORM FOR PRO (FORM C-101) FOR SUCH PROPOSA		EPEN OR PLUG BACK	TO A DIFFERE	ENT RESERVOIR. USE "APPLICATI	ON FOR PERMIT"		
1. Type of Well:						8. Well Number 143H	
2. Name of Operator						9. OGRID Number	
TAP ROCK OPERATING, LLC						372043	
3. Address of Operator 523 Park Point Drive, Suite 200, Golden, CO 80401						10. Pool name or Wildcat	
4. Well Location							
Unit Letter O : 1054 Section 11 Town	feet from the <u>S</u> ship 24S Range	line and feet 25 34E NMPM		from the <u>W</u> line inty Lea			
Section 11 10wi	isilip <u>240 </u>	34L NIVIFIVI		Lea			
	11. Elevation (Show 3485 G	whether DR, KB, BT, C	GR, etc.)				
Pit or Below-grade Tank Application		K					
	ater Distance from ne	arest fresh water well	Dietano	from nearest surface water			
Pit Liner Thickness: mil	Below-Grade Tank: Volun		; Construction	·			
12. Check Appropriate Box to Indicate	e Nature of Notice, Report or O	ther Data					
NOTICE OF INTENTION TO: SUBSEQUENT							
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	_	ND ABANDON E OF PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING	= -	PLE COMPL		CASING/CEMENT JOB			
Other:	_ WOLTH	LL COMI L		Other: Perforations/Tubing	_	ı	×
13. Describe proposed or completed of Attach wellbore diagram of proposed		rtinent details, and give	e pertinent date	s, including estimated date of starting	g any proposed work.	SEE RULE 1103. For Multiple (Completions:
	•	MD 40050 (171/D D)			(D. D. D. L	100/0004 + 40 00 40/0/0004 B	
Spud well on 6/7/2021 at 16:00 9/18/ casing to 5100 psi for 30 minutes, goo 10/18/2021 to 10/19/2021: Drill out pl	d test. 10/7/2021 to 10/12/202	1: Perforate from 10639					
			Perfor	ations			
Pool: RED HILLS; BONE SPRING	NORTH, 96434 Location:	B -11-24S-34E 5 N 1	1651 E				
ТОР ВОТ	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	
10639 15408	N	1	0.55	Sand	Frac	12101890	
			Tub	ing			
I hereby certify that the information NMOCD guidelines □, a general pe				further certify that any pit or below-g	rade tank has been/w	ill be constructed or closed acco	ording to
				malada ma Mara a m	DATE	40/00/0004	
SIGNATURE Ele	ectronically Signed	TITLE	Re	gulatory Manager	DATE	10/26/2021	

ccombs@taprk.com

Geologist

Telephone No.

DATE

720-360-4028

11/9/2021 8:00:11 AM

E-mail address

TITLE