

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 324821 WELL API NUMBER 30-015-47671 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name SCHLITZ FEDERAL COM																				
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: Gas		8. Well Number 211H																				
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>M</u> : <u>645</u> feet from the <u>S</u> line and feet <u>1001</u> from the <u>W</u> line Section <u>16</u> Township <u>25S</u> Range <u>26E</u> NMPM _____ County <u>Eddy</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3429 GR																						
Pit or Below-grade Tank Application ☐ or Closure ☐ 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 ☐</td> <td>PLUG AND ABANDON ☐</td> <td>REMEDIAL WORK ☐</td> <td>ALTER CASING ☐</td> </tr> <tr> <td>TEMPORARILY ABANDON ☐</td> <td>CHANGE OF PLANS ☐</td> <td>COMMENCE DRILLING OPNS. ☐</td> <td>PLUG AND ABANDON ☐</td> </tr> <tr> <td>PULL OR ALTER CASING ☐</td> <td>MULTIPLE COMPL ☐</td> <td>CASING/CEMENT JOB ☐</td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Perforations/Tubing ☒</td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐	TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐	PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐		Other: _____		Other: Perforations/Tubing ☒	
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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. 4/15/2022: Pressure test casing to 5000 psi for 30 minutes, good test. 7/12/2022 to 8/3/2022: Perforate from 8735 ft to 18603 ft, 1 SPF, .55 inch holes with 507 total shots. 39 stage frac with 25,598,290 lbs of 100 mesh sand. 9/4/2022 to 9/6/2022: Drill out plugs Plug Back Measured depth at 18688 ft MD, 8663 ft TVD. 9/7/2022: Ready to produce Perforations <table style="width:100%;"> <tr> <th>TOP</th> <th>BOT</th> <th>Open Hole</th> <th>Shots/ft</th> <th>Shot Size</th> <th>Material</th> <th>Stimulation</th> <th>Amount</th> </tr> <tr> <td>8735</td> <td>18603</td> <td>N</td> <td>1</td> <td>0.55</td> <td>Sand</td> <td>Frac</td> <td>25598290</td> </tr> </table> Tubing			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	8735	18603	N	1	0.55	Sand	Frac	25598290				
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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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .																						
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For State Use Only: APPROVED BY: <u>Patricia L Martinez</u> TITLE _____ DATE <u>11/30/2023 7:57:52 AM</u>																						