

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 351192 WELL API NUMBER 30-025-48667 5. Indicate Type of Lease State 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: Oil	8. Well Number 171H																									
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>D</u> : <u>497</u> feet from the <u>N</u> line and feet <u>670</u> from the <u>W</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.) 3541 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 NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Perforations/Tubing <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: Attach wellbore diagram of proposed completion or recompletion. 2/28/2023: Install gas lift and tubing. Ran 2.875 inch L-80 tubing to 9048 ft MD. Packer set at 9027 ft MD. Returned well to production. Perforations Pool: TRIPLE X; BONE SPRING, WEST , 96674 Location: M -20-24S-33E 30 S 331 W <table border="1"><thead><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></thead><tbody><tr><td>9397</td><td>14372</td><td>N</td><td>1</td><td>0.55</td><td>Sand</td><td>Frac</td><td>13852780</td></tr></tbody></table> Tubing TRIPLE X;BONE SPRING, WEST , 96674 <table border="1"><thead><tr><th>Tubing Size</th><th>Type</th><th>Depth Set</th><th>Packer Set</th></tr></thead><tbody><tr><td>2.875</td><td>L-80</td><td>9048</td><td>9027</td></tr></tbody></table>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	9397	14372	N	1	0.55	Sand	Frac	13852780	Tubing Size	Type	Depth Set	Packer Set	2.875	L-80	9048	9027
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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 NMOCD guidelines <input type="checkbox"/> a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> SIGNATURE _____ Electronically Signed _____ TITLE _____ Regulatory Manager _____ DATE _____ 9/29/2023 Type or print name _____ Christian Combs _____ E-mail address _____ ccombs@taprk.com _____ Telephone No. _____ 720-360-4028 For State Use Only: APPROVED BY: _____ Patricia L Martinez _____ TITLE _____ DATE _____ 1/10/2024 3:02:13 PM																										