Form 3160-5 (June 2015)

UNITED STATE CARISDAD FIELD OFFICE DEPARTMENT OF THE INTERIOR CD ARTOSIA SYNOTICES AND REPORTS OF THE INTERIOR OF THE INTERIO

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

	SUNDRY	NOTICES	AND I	REPORTS	ON WEL	.LS
) O	not use th	is form for	propos	sals to drill i	or to re-e	nter an

5. Lease Serial No. NMNM85891

Do not use th	L		<u> </u>					
abandoned we		6. If Indian, Allottee or Tribe Name						
SUBMIT IN	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well		8. Well Name and No. CYPRESS 34 FEDERAL 233H						
Oil Well 🛮 Gas Well 🗖 Otl					CYPRESS 34 FE	DERAL 233H		
 Name of Operator TAP ROCK OPERATING LLC 	Contact: CHi E-Mail: CCOMBS@TA	RISTIAN C PRK.COM	COMBS 9. API Well No. 30-015-46119-00-X1					
3a. Address 602 PARK POINT DRIVE SUI GOLDEN, CO 80401		. Phone No. n: 720-360	(include area code) -4028		10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)			
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Description)			11. County or Parish, State				
Sec 3 T24S R29E 241FNL 11 32.253334 N Lat, 103.967674					EDDY COUNTY, NM			
12. CHECK THE AI	PPROPRIATE BOX(ES) TO	INDICAT	E NATURE O	F NOTICE,	REPORT, OR OTH	ÆR DATA		
TYPE OF SUBMISSION	·		TYPE OF ACTION					
☐ Notice of Intent	☐ Acidize	□ Deep	☐ Deepen ☐ Pi		Production (Start/Resume)		■ Water Shut-Off	
_	☐ Alter Casing	☐ Hydra	☐ Hydraulic Fracturing		☐ Reclamation		■ Well Integrity	
Subsequent Report Subsequent Re	Subsequent Report		ew Construction		lete	Other		
☐ Final Abandonment Notice	□ Change Plans	☐ Plug and Abandon ☐ Te			rily Abandon	Drilling Operations		
	☐ Convert to Injection ☐		Plug Back] Water Disposal			
Well Spud on 10/31/2018 at 1 prior to spud. Operator is filing State of New Mexico, Oil Cons	Form 3160-5 to correct lack servation Division reporting re	of notice vequirement	a sundry and to s.	made with th o meet the	e CFO			
4Amend Sundry	. 1	RE	CEIVED		RECEIVED			
814119 Spuddate?	120/19					4		
PAMEND Sundry 84119 Spuddate? CC 11 Accepted for recg	Ad . MMOCD	NOV	1 8 2019		NOV 1	8 , <i>t</i>		
	DI	ISTRICTI	-ARTESIAO.C	.D.	DISTRICTIVATION	ESIAO.C.D	1 MD	
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #4919 For TAP ROCK OP mitted to AFMSS for processing	ERATING I	LC, sent to the	Carlsbad	-			
Name (Printed/Typed) CHRISTIA		Title REGULATORY MANAGER				_		
Signature (Electronic S	Submission)		Date 11/11/20	019				
	THIS SPACE FOR F	EDERAL	OR STATE	OFFICE US	E			
Approved By			Title	pted for		NOV 1 Date	2 2019	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the subj			nathon Sh Irlsbad Field				
Fitle 18 U.S.C. Section 1001 and Title 43				willfully to mal	ce to any department or	agency of the Uni	ited	