

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

*** AMENDED**

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-45558
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 323012
7. Lease Name or Unit Agreement Name PLINY THE ELDER 23S27E0605
8. Well Number 215H
9. OGRID Number 372043
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP

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 Well Gas Well Other

2. Name of Operator
TAP ROCK OPERATING, LLC

3. Address of Operator
602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401

4. Well Location
 Unit Letter D : 895 feet from the NORTH line and 330 feet from the WEST line
 Section 04 Township 23S Range 27E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3150 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Intermediate Casing <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

* Form C-103 Sundry is correcting information and details previously submitted for Intermediate Casing.

12/31/18 Drill 12 1/4" Int 1 to 2075'.

1/2/19 Set 9 5/8" 40# J55 csg @ 2055'. Cmt 9 5/8" csg; Lead 620 sks, 12.7 ppg, 2.19 yield and Tail 296 sks, 14.8 ppg, 1.33 yield. Perform casing test @ 1500 psi for 30 min, test good. Cmt to Surface.

1/3/2019 Drill 8 3/4" Int 2 to 8445'

1/5/19 Set 7 5/8" 29.7# P110 csg at 8340". Cmt 7 5/8" csg; Lead 250 sks, 10.5 ppg, 3.36 yield and Tail 220 sks, 14.6 ppg, 1.25 yield. Test Casing to 1500 psi for 30 min, test good.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Depth	Pres Held	Pres Drop	Open Hole
1/2/19	Int 1	Brine	12.25	9.625	40	J55	0	2055	916	1.38	C		1500	0	No
1/5/19	Int 2	Ct Brn	8.75	7.625	29.7	P110	5800	8340	470	1.37	C		2500	0	No

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE CCC TITLE Regulatory Manager DATE 12/3/2019

Type or print name Christian Combs E-mail address: ccombs@taprk.com PHONE: (720)360-4028

For State Use Only

APPROVED BY: [Signature] TITLE Staff mgr DATE 12/23/19
 Conditions of Approval (if any):

AB