

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

Revised July 18, 2013

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., Artesia, NM 88210

District IV - (505) 476-1222

1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

MAR 13 2019

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

EMERGOCDARTESIA

WELL API NO. 30-015-44998
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 321472
7. Lease Name or Unit Agreement Name PLINY THE ELDER 23S27E0605
8. Well Number 201H
9. OGRID Number 372043
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3150 GL

**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 : 870 feet from the NORTH line and 330 feet from the WEST line  
Section 04 Township 23S Range 27E NMPM County EDDY

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>COMPLETION SUMMARY</b> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/22/19 @ 8:00 am Rig Released. TD at 19220'

8/16/19 - Pressure up to 5000psi on casing, hold for 30min. Good test.

8/20/19 - 9/3/19 Perf 49 stages from 9226' - 18981', 3 shots/ft of 0.3" for 1911 total perfs and frac with 24,875,485# 100 mesh.

9/7/19 - 9/10/19 drill out all plugs

\* 9/14/19 - PBMD at 19094' and Ready to Produce/Flowback \*

Request tubing exception. Tubing will be installed when well production declines and requires artificial lift.

AMEND C-103 to show correct date. AB

\* Prove Ready to Produce date to reflect C-104 & Well Completion Report. AB

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 DATE 3/24/20

Conditions of Approval (if any):

3/26/20 AB