Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	Zhorgy, miniotais and matural resources		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-27223  5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Jackson Unit
PROPOSALS.)			8. Well Number #001
1. Type of Well: Oil Well Gas Well Other  2. Name of Operator  Gas Well Other  OCD HOLD  OCD HOL			
2. Name of Operator TAP ROCK OPERATING, LLC  RECEIVED		9. OGRID Number 372043	
3. Address of Operator			10. Pool name or Wildcat
602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401			Johnson Ranch Wolfcamp
4. Well Location			
Unit Letter G: 1980 feet from the North line and 1980 feet from the East line			
Section 22 Township 24S Range 33E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3581 GR			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: Well Shut in   Starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Due to current market prices, Tap Rock has decided to shut in the Jackson Unit 001. The well was shut in on 4/10/2020 and plans to remain shut in until pricing has risen to an adequate economic level to produce.			
ACCEPTED FOR RECORD ONLY To apply for SI Status, submit ACO			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thans.			
SIGNATURE	TITLE Regula	tory Analyst	DATE
Type or print name Bill Ramsey		s:bramsey@taprk.c	
For State Use Only	E-man addres		THORE.
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APPROVED BY: Conditions of Approval (if any):	TITLE		DATE
Conditions of Approval (II ally).			