

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

Form C-103
Revised July 18, 2013

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

OCD – HOBBS
04/21/2020
RECEIVED

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|--|
| WELL API NO. 30-025-45618 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Cosmo K 24S35E3328 Fee |
| 8. Well Number 206H |
| 9. OGRID Number 372043 |
| 10. Pool name or Wildcat Wolfbone |
| 4. Well Location Unit Letter <u>G</u> : <u>2376</u> feet from the <u>North</u> line and <u>2022</u> feet from the <u>East</u> line Section <u>33</u> Township <u>24S</u> Range <u>35E</u> NMPM County <u>Lea</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3289 GR |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Shut in Well ☒

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.

Due to current market prices, Tap Rock has decided to shut in the Cosmo K 24S35E3328 Fee 206H wellbore. The well was shut in on 4/1/2020 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.

SIGNATURE Bill Ramsey TITLE Regulatory Analyst DATE 4/21/20

Type or print name Bill Ramsey E-mail address: bramsey@taprk.com PHONE: 720-360-4028

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____