Submit 1 Copy To Appropriate District Office District I – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Reso	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVIS	WELL API NO. 30.025-45757
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	TO A Zeus 24330909 State	
PROPOSALS.) 1. Type of Well: Oil Well 🔀 C	Gas Well Other OCD-HOBBS	8. Well Number _{203H}
2. Name of Operator TAP ROCK OPERATING, LLC	04/22/2 D	9. OGRID Number 372043
3. Address of Operator 602 PARK POINT DR, SUITE 2	10. Pool name or Wildcat Upper Wolfcamp	
4. Well Location Unit Letter 0 :60	8 feet from the South lin	e and <u>1940</u> feet from the <u>East</u> line
Section 9	Township 24S Range 33E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT 3610 GR	<i>T, GR, etc.)</i>
12. Check Aj	opropriate Box to Indicate Nature of	Notice, Report or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON [CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT JOB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:			OTHER: Shut in Well	\mathbf{X}
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 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 Zeus State 203H. The well was shut in on 3/19/2020 and plans to remain shut in until pricing has risen to an adequate economic level to produce.

ACCEPTED FOR	RECORD ONLY
ACCEPTED FOR To apply for SI St	atus suo-

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

SIGNATURE	TITLE Regualtory Analyst	_DATE
Type or print name Bill Ramsey For State Use Only Bill Ramsey	E-mail address:bramsey@taprk.com	PHONE:
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE