



## Certificate of Analysis

Number: 6030-23010274-006A

Artesia Laboratory

200 E Main St.  
Artesia, NM 88210  
Phone 575-746-3481Alex Batista  
Taprock  
602 Park Point Drive  
Ste. 200  
Golden, CO 80401

Jan. 25, 2023

Station Name: Schlitz Fed Com A CTB Sales  
Station Number: 7060651  
Sample Point: Meter Run  
Formation: Spot  
County: Eddy, NM  
Type of Sample: Spot-Cylinder  
Heat Trace Used: N/A  
Sampling Method: Fill and Purge  
Sampling Company: SPLSampled By: Jason Bealer  
Sample Of: Gas Spot  
Sample Date: 01/21/2023 10:43  
Sample Conditions: 121.8 psig, @ 89.3 °F Ambient: 50 °F  
Effective Date: 01/21/2023 10:43  
Method: GPA-2261M  
Cylinder No: 1111-008498  
Instrument: 6030\_GC6 (Inficon GC-3000 Micro)  
Last Inst. Cal.: 01/24/2023 0:00 AM  
Analyzed: 01/25/2023 07:31:21 by EBH

## Analytical Data

| Components     | Un-normalized<br>Mol % | Mol. %  | Wt. %   | GPM at<br>14.73 psia |                |       |
|----------------|------------------------|---------|---------|----------------------|----------------|-------|
| Nitrogen       | 0.519                  | 0.515   | 0.649   |                      | GPM TOTAL C2+  | 6.706 |
| Methane        | 76.921                 | 76.282  | 55.086  |                      | GPM TOTAL C3+  | 3.461 |
| Carbon Dioxide | 0.108                  | 0.107   | 0.212   |                      | GPM TOTAL iC5+ | 0.925 |
| Ethane         | 12.188                 | 12.087  | 16.360  | 3.245                |                |       |
| Propane        | 5.768                  | 5.720   | 11.354  | 1.582                |                |       |
| Iso-butane     | 0.965                  | 0.957   | 2.504   | 0.314                |                |       |
| n-Butane       | 2.038                  | 2.021   | 5.288   | 0.640                |                |       |
| Iso-pentane    | 0.588                  | 0.583   | 1.893   | 0.214                |                |       |
| n-Pentane      | 0.633                  | 0.628   | 2.040   | 0.229                |                |       |
| Hexanes Plus   | 1.109                  | 1.100   | 4.614   | 0.482                |                |       |
|                | 100.837                | 100.000 | 100.000 | 6.706                |                |       |

## Calculated Physical Properties

|                             |        |        |
|-----------------------------|--------|--------|
| Relative Density Real Gas   | Total  | C6+    |
|                             | 0.7699 | 3.2176 |
| Calculated Molecular Weight | 22.22  | 93.19  |
| Compressibility Factor      | 0.9958 |        |

## GPA 2172 Calculation:

Calculated Gross BTU per ft<sup>3</sup> @ 14.73 psia & 60°F

|                                     |        |        |
|-------------------------------------|--------|--------|
| Real Gas Dry BTU                    | 1339   | 5141   |
| Water Sat. Gas Base BTU             | 1316   | 5052   |
| Ideal, Gross HV - Dry at 14.73 psia | 1333.3 | 5141.1 |
| Ideal, Gross HV - Wet               | 1310.1 | 5051.6 |
| Net BTU Wet Gas - real gas          | 1196   |        |

Hydrocarbon Laboratory Manager

Quality Assurance: The above analyses are performed in accordance with ASTM, UOP, GPA guidelines for quality assurance, unless otherwise stated.

Flaring Summary

| battery                   | 1/28/2023      |
|---------------------------|----------------|
|                           | Sum(TOTAL F... |
| Schlitz Federal Com CTB B | 72.00          |
| Grand total               | 72.00          |

date » (Column Names)

Data table:  
flare\_report\_data (2)  
Colors:  
All values

battery

Sum(TOTAL FLARE (HP + LP))

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**District IV**  
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**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

DEFINITIONS

Action 185183

DEFINITIONS

|                                                                                  |                                                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>TAP ROCK OPERATING, LLC<br>523 Park Point Drive<br>Golden, CO 80401 | OGRID:<br>372043                                       |
|                                                                                  | Action Number:<br>185183                               |
|                                                                                  | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

DEFINITIONS

For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application:

- this application's operator, hereinafter "this operator";
- venting and/or flaring, hereinafter "vent or flare";
- any notification or report(s) of the C-129 form family, hereinafter "any C-129 forms";
- the statements in (and/or attached to) this, hereinafter "the statements in this";
- and the past tense will be used in lieu of mixed past/present tense questions and statements.

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QUESTIONS

Action 185183

**QUESTIONS**

|                                                                                  |                                                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>TAP ROCK OPERATING, LLC<br>523 Park Point Drive<br>Golden, CO 80401 | OGRID:<br>372043                                       |
|                                                                                  | Action Number:<br>185183                               |
|                                                                                  | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

**QUESTIONS**

|                                                                                                                                                                                                   |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Prerequisites</b><br><i>Any messages presented in this section, will prevent submission of this application. Please resolve these issues before continuing with the rest of the questions.</i> |                                        |
| Incident Well                                                                                                                                                                                     | Unavailable.                           |
| Incident Facility                                                                                                                                                                                 | [fAPP2227132795] Schlitz Fed Com B CTB |

|                                                                                                                                                                                                                                                                                            |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Determination of Reporting Requirements</b><br><i>Answer all questions that apply. The Reason(s) statements are calculated based on your answers and may provide additional guidance.</i>                                                                                               |                                                   |
| Was this vent or flare caused by an emergency or malfunction                                                                                                                                                                                                                               | Yes                                               |
| Did this vent or flare last eight hours or more cumulatively within any 24-hour period from a single event                                                                                                                                                                                 | No                                                |
| Is this considered a submission for a vent or flare event                                                                                                                                                                                                                                  | Yes, minor venting and/or flaring of natural gas. |
| <i>An operator shall file a form C-141 instead of a form C-129 for a release that, includes liquid during venting and/or flaring that is or may be a major or minor release under 19.15.29.7 NMAC.</i>                                                                                     |                                                   |
| Was there <b>at least 50 MCF</b> of natural gas vented and/or flared during this event                                                                                                                                                                                                     | Yes                                               |
| Did this vent or flare result in the release of <b>ANY</b> liquids (not fully and/or completely flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water | No                                                |
| Was the vent or flare within an incorporated municipal boundary or within 300 feet from an occupied permanent residence, school, hospital, institution or church in existence                                                                                                              | No                                                |

|                                                           |               |
|-----------------------------------------------------------|---------------|
| <b>Equipment Involved</b>                                 |               |
| Primary Equipment Involved                                | Not answered. |
| Additional details for Equipment Involved. Please specify | Not answered. |

|                                                                                                                                                                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Representative Compositional Analysis of Vented or Flared Natural Gas</b><br><i>Please provide the mole percent for the percentage questions in this group.</i> |               |
| Methane (CH4) percentage                                                                                                                                           | 77            |
| Nitrogen (N2) percentage, if greater than one percent                                                                                                              | 1             |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                                                             | 0             |
| Carbon Dioxide (CO2) percentage, if greater than one percent                                                                                                       | 0             |
| Oxygen (O2) percentage, if greater than one percent                                                                                                                | 0             |
| <i>If you are venting and/or flaring because of Pipeline Specification, please provide the required specifications for each gas.</i>                               |               |
| Methane (CH4) percentage quality requirement                                                                                                                       | Not answered. |
| Nitrogen (N2) percentage quality requirement                                                                                                                       | Not answered. |
| Hydrogen Sulfide (H2S) PPM quality requirement                                                                                                                     | Not answered. |
| Carbon Dioxide (CO2) percentage quality requirement                                                                                                                | Not answered. |
| Oxygen (O2) percentage quality requirement                                                                                                                         | Not answered. |

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QUESTIONS, Page 2

Action 185183

QUESTIONS (continued)

|                                                                                  |                                                        |
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|                                                                                  | Action Number:<br>185183                               |
|                                                                                  | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

QUESTIONS

| Date(s) and Time(s)                            |            |
|------------------------------------------------|------------|
| Date vent or flare was discovered or commenced | 01/28/2023 |
| Time vent or flare was discovered or commenced | 12:01 AM   |
| Time vent or flare was terminated              | 11:59 PM   |
| Cumulative hours during this event             | 1          |

| Measured or Estimated Volume of Vented or Flared Natural Gas              |                                                                                                                   |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Natural Gas Vented (Mcf) Details                                          | Not answered.                                                                                                     |
| Natural Gas Flared (Mcf) Details                                          | Cause: Equipment Failure   Tank ( Any)   Natural Gas Flared   Released: 72 Mcf   Recovered: 0 Mcf   Lost: 72 Mcf. |
| Other Released Details                                                    | Not answered.                                                                                                     |
| Additional details for Measured or Estimated Volume(s). Please specify    | Not answered.                                                                                                     |
| Is this a gas only submission (i.e. only significant Mcf values reported) | Yes, according to supplied volumes this appears to be a "gas only" report.                                        |

| Venting or Flaring Resulting from Downstream Activity             |               |
|-------------------------------------------------------------------|---------------|
| Was this vent or flare a result of downstream activity            | No            |
| Was notification of downstream activity received by this operator | Not answered. |
| Downstream OGRID that should have notified this operator          | Not answered. |
| Date notified of downstream activity requiring this vent or flare | Not answered. |
| Time notified of downstream activity requiring this vent or flare | Not answered. |

| Steps and Actions to Prevent Waste                                                                                               |                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For this event, this operator could not have reasonably anticipated the current event and it was beyond this operator's control. | False                                                                                                                                                                                                                                          |
| Please explain reason for why this event was beyond this operator's control                                                      | Not answered.                                                                                                                                                                                                                                  |
| Steps taken to limit the duration and magnitude of vent or flare                                                                 | Tap Rock saw flare volumes due to flash gas coming off the tanks and an excess amount of oxygen at the tank level. The flash gas needs to be flared for safety purposes regarding to facility integrity and for those working on the facility. |
| Corrective actions taken to eliminate the cause and reoccurrence of vent or flare                                                | Tap Rock saw flare volumes due to flash gas coming off the tanks and an excess amount of oxygen at the tank level. The flash gas needs to be flared for safety purposes regarding to facility integrity and for those working on the facility. |

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ACKNOWLEDGMENTS

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**ACKNOWLEDGMENTS**

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**ACKNOWLEDGMENTS**

|                                     |                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I acknowledge that I am authorized to submit a <i>Venting and/or Flaring</i> (C-129) report on behalf of this operator and understand that this report can be a <b>complete</b> C-129 submission per 19.15.27.8 and 19.15.28.8 NMAC.                                                                                      |
| <input checked="" type="checkbox"/> | I acknowledge that upon submitting this application, I will be creating a new incident file (assigned to this operator) to track any C-129 forms, pursuant to 19.15.27.7 and 19.15.28.8 NMAC and understand that this submission meets the notification requirements of Paragraph (1) of Subsection G and F respectively. |
| <input checked="" type="checkbox"/> | I hereby certify the statements in this report are true and correct to the best of my knowledge and acknowledge that any false statement may be subject to civil and criminal penalties under the Oil and Gas Act.                                                                                                        |
| <input checked="" type="checkbox"/> | I acknowledge that the acceptance of any C-129 forms by the OCD does not relieve this operator of liability should their operations have failed to adequately investigate, report, and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment.                       |
| <input checked="" type="checkbox"/> | I acknowledge that OCD acceptance of any C-129 forms does not relieve this operator of responsibility for compliance with any other applicable federal, state, or local laws and/or regulations.                                                                                                                          |

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CONDITIONS

Action 185183

CONDITIONS

|                                                                                  |                                                        |
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|                                                                                  | Action Number:<br>185183                               |
|                                                                                  | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

CONDITIONS

| Created By | Condition                                                                                                                                                                          | Condition Date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| bramsey    | If the information provided in this report requires an amendment, submit a [C-129] Amend Venting and/or Flaring Incident (C-129A), utilizing your incident number from this event. | 2/12/2023      |