

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 280435<br>WELL API NUMBER<br>30-025-44656<br>5. Indicate Type of Lease<br>P<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>COSMO K 24S35E3328 FEE |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | 8. Well Number<br>213H                                                                                                                                                                                                   |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| 2. Name of Operator<br>TAP ROCK OPERATING, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 9. OGRID Number<br>372043                                                                                                                                                                                                |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| 3. Address of Operator<br>602 Park Point Drive, Suite 200, Golden, CO 80401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                 |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| 4. Well Location<br>Unit Letter <u>G</u> : <u>2306</u> feet from the <u>N</u> line and feet <u>1952</u> from the <u>E</u> line<br>Section <u>33</u> Township <u>24S</u> Range <u>35E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3289 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <b>Perforations/Tubing</b> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                          | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF:        |                           | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/>                  | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |  | Other: _____         |  | Other: <b>Perforations/Tubing</b> <input checked="" type="checkbox"/> |  |                   |  |                    |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                    |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                   | ALTER CASING <input type="checkbox"/>     |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                         | PLUG AND ABANDON <input type="checkbox"/> |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                               |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | Other: <b>Perforations/Tubing</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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br><br>Installed Gas Lift and tubing on the Cosmo K Fee #213H well. Tubing installed 5/4/2019.<br><div style="text-align: center;"> <b>Perforations</b><br/> <b>Pool: WC-025 G-09 S243532M; WOLFBONE , 98098 Location: G -28-24S-35E 1520 N 2308 E</b> </div> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TOP</th> <th style="text-align: left;">BOT</th> <th style="text-align: left;">Open Hole</th> <th style="text-align: left;">Shots/ft</th> <th style="text-align: left;">Shot Size</th> <th style="text-align: left;">Material</th> <th style="text-align: left;">Stimulation</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center;"> <b>Tubing</b><br/> <b>WC-025 G-09 S243532M;WOLFBONE , 98098</b> </td> </tr> <tr> <td>Tubing Size<br/>2.875</td> <td></td> <td>Type</td> <td></td> <td>Depth Set<br/>8298</td> <td></td> <td>Packer Set<br/>8251</td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                          | TOP                                       | BOT                          | Open Hole                    | Shots/ft                  | Shot Size                                      | Material                                  | Stimulation                            | Amount                                | <b>Tubing</b><br><b>WC-025 G-09 S243532M;WOLFBONE , 98098</b> |                                          |                                                  |                                           |                                               |                                         |                                            |  | Tubing Size<br>2.875 |  | Type                                                                  |  | Depth Set<br>8298 |  | Packer Set<br>8251 |  |
| TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BOT                                                                                                                                                                           | Open Hole                                                                                                                                                                                                                | Shots/ft                                  | Shot Size                    | Material                     | Stimulation               | Amount                                         |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| <b>Tubing</b><br><b>WC-025 G-09 S243532M;WOLFBONE , 98098</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| Tubing Size<br>2.875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | Type                                                                                                                                                                                                                     |                                           | Depth Set<br>8298            |                              | Packer Set<br>8251        |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |                              |                              |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
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| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                    | <u>Regulatory Manager</u>                 | DATE                         | <u>4/13/2020</u>             |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Christian Combs</u>                                                                                                                                                        | E-mail address                                                                                                                                                                                                           | <u>ccombs@taprk.com</u>                   | Telephone No.                | <u>720-360-4028</u>          |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td style="width:20%;">APPROVED BY:</td> <td style="width:30%;"><u>Paul F Kautz</u></td> <td style="width:20%;">TITLE</td> <td style="width:20%;"><u>Geologist</u></td> <td style="width:10%;">DATE</td> <td style="width:20%;"><u>4/28/2020 11:13:29 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                          | APPROVED BY:                              | <u>Paul F Kautz</u>          | TITLE                        | <u>Geologist</u>          | DATE                                           | <u>4/28/2020 11:13:29 AM</u>              |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Paul F Kautz</u>                                                                                                                                                           | TITLE                                                                                                                                                                                                                    | <u>Geologist</u>                          | DATE                         | <u>4/28/2020 11:13:29 AM</u> |                           |                                                |                                           |                                        |                                       |                                                               |                                          |                                                  |                                           |                                               |                                         |                                            |  |                      |  |                                                                       |  |                   |  |                    |  |

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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**

Comments  
  
Permit 280435

TUBING COMMENTS

|                                                                                  |                          |
|----------------------------------------------------------------------------------|--------------------------|
| Operator:<br>TAP ROCK OPERATING, LLC<br>602 Park Point Drive<br>Golden, CO 80401 | OGRID:<br>372043         |
|                                                                                  | Permit Number:<br>280435 |
|                                                                                  | Permit Type:<br>Tubing   |

Comments

| Created By | Comment                                                                           | Comment Date |
|------------|-----------------------------------------------------------------------------------|--------------|
| bramsey    | This Sundry is to update the Cosmo K Fee #213H and the equipment in the wellbore. | 4/13/2020    |