

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 298775 WELL API NUMBER 30-025-48724 5. Indicate Type of Lease P 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name COSMO K FEE																
SUNDRY NOTICES AND REPORTS ON WELLS (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: O		8. Well Number 223H																
2. Name of Operator TAP ROCK OPERATING, LLC		9. OGRID Number 372043																
3. Address of Operator 523 Park Point Drive, Suite 200, Golden, CO 80401		10. Pool name or Wildcat																
4. Well Location Unit Letter <u>G</u> : <u>2384</u> feet from the <u>N</u> line and feet <u>2071</u> from the <u>E</u> line 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.) 3288 GR																		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Perforations/Tubing</u> <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. 5/1/2021 Spudded well. 6/4/2020: TD Reached at 19191 ft MD, 12923 ft TVD. Plug Back Measured depth at 19131 ft MD, 12914 ft TVD. Rig Release on 6/7/2021 at 12:00 7/8/2021: Pressure test casing to 5000 psi for 30 minutes, good test. 7/17/2021 to 7/23/2021: Perforate from 13110 ft to 19046 ft, 1 SPF, .55 inch holes with 377 total shots. 29 stage frac with 14,573,820lbs of 100 mesh sand. 7/24/2021: Ready to produce. Produced from well before drilling plugs. Shut in well to drill out plugs. 7/25/2021 to 7/26/2021: Drill out plugs <div style="text-align: center;"> Perforations Pool: WC-025 G-09 S243532M; WOLFBONE , 98098 Location: G-33-24S-35E 2384 N 2071 E </div> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TOP</th> <th>BOT</th> <th>Open Hole</th> <th>Shots/ft</th> <th>Shot Size</th> <th>Material</th> <th>Stimulation</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>13110</td> <td>19046</td> <td>N</td> <td>1</td> <td>0.55</td> <td>Sand</td> <td>Frac</td> <td>14573820</td> </tr> </tbody> </table> <div style="text-align: center;"> Tubing </div>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	13110	19046	N	1	0.55	Sand	Frac	14573820
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13110	19046	N	1	0.55	Sand	Frac	14573820											
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"/>																		
SIGNATURE _____ Electronically Signed _____ TITLE _____ Regulatory Manager _____ DATE _____ 7/27/2021 Type or print name _____ Christian Combs _____ E-mail address _____ ccombs@taprk.com _____ Telephone No. _____ 720-360-4028																		
For State Use Only: APPROVED BY: _____ Kurt Simmons _____ TITLE _____ Petroleum Specialist - A _____ DATE _____ 7/29/2021 2:12:06 PM																		