

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 302880 WELL API NUMBER 30-025-48567 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name POSEIDON STATE COM																				
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 101H																				
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>M</u> : <u>347</u> feet from the <u>S</u> line and feet <u>1165</u> from the <u>W</u> line Section <u>9</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3610 GR																						
Pit or Below-grade Tank Application ☐ or Closure ☐ 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 <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 ☐</td> <td>PLUG AND ABANDON ☐</td> <td>REMEDIAL WORK ☐</td> <td>ALTER CASING ☐</td> </tr> <tr> <td>TEMPORARILY ABANDON ☐</td> <td>CHANGE OF PLANS ☐</td> <td>COMMENCE DRILLING OPNS. ☐</td> <td>PLUG AND ABANDON ☐</td> </tr> <tr> <td>PULL OR ALTER CASING ☐</td> <td>MULTIPLE COMPL ☐</td> <td>CASING/CEMENT JOB ☐</td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Perforations/Tubing</u> ☒</td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐	TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐	PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐		Other: _____		Other: <u>Perforations/Tubing</u> ☒	
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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. 10/17/2021 to 10/20/2021: Install gas lift and tubing it the Poseidon State Com 110H. Run 2.875 inch L-80 tubing to 9092 ft MD. Set packer at 9090 ft MD. Returned to production.																						
Perforations																						
Pool: TRIPLE X; BONE SPRING , 59900 Location: D -4-24S-33E 347 S 1165 W																						
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount															
14467	19567	N	1	0.6	Sand	Frac	22670030															
Pool: TRIPLE X; BONE SPRING, WEST , 96674 Location: D -4-24S-33E 30 S 331 W																						
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount															
8468	14467	N	1	0.6	Sand	Frac	22670030															
Tubing																						
TRIPLE X;BONE SPRING , 59900																						
Tubing Size		Type	Depth Set			Packer Set																
2.875		L-80	9092			9090																
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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 ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐																						
SIGNATURE		Electronically Signed	TITLE	Regulatory Manager	DATE	10/25/2021																
Type or print name		Christian Combs	E-mail address	ccombs@taprk.com	Telephone No.	720-360-4028																
For State Use Only:																						
APPROVED BY:		Paul F Kautz	TITLE	Geologist	DATE	11/9/2021 7:45:23 AM																