

Submit Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-51582	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name QUEEN KEELY STATE COM	
8. Well Number 131H	
9. OGRID Number 372043	
10. Pool name or Wildcat [97895] WC-025 G-08 S213304D; BONE SPRING	
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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator TAP ROCK OPERATING, LLC	
3. Address of Operator 523 PARK POINT DR, SUITE 200, GOLDEN, CO 80401	
4. Well Location Unit Letter <u>D</u> : <u>904</u> feet from the <u>North</u> line and <u>836</u> feet from the <u>West</u> line Section <u>21</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3738 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Tap Rock requests to change production casing cement program according to R-111PCOA. See attached casing table.

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

SIGNATURE  TITLE Environmental Specialist DATE 7/19/2023

Type or print name Bill Ramsey E-mail address: bramsey@taprk.com PHONE: 720-238-2787

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

QUEEN KEELY STATE COM 131H

30-025-51582

Interval	Hole Size	Casing OD	Casing Weight	Casing Grade	Set Depth	Sacks of Cement	Planned TOC	Mud Type
Surface	14.75	11.75	42	J-55	1820	952	0	Fresh Water
Intermediate	11	8.625	32	J-55	5606	862	0	Brine
Production	7.875	5.5	20	P-110	22091	2770	0	Cut Brine

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CONDITIONS

Action 241927

CONDITIONS

Operator: TAP ROCK OPERATING, LLC 523 Park Point Drive Golden, CO 80401	OGRID: 372043
	Action Number: 241927
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
pkautz	None	7/25/2023