

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 351189																								
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NUMBER 30-025-50355																								
1. Type of Well: Oil		5. Indicate Type of Lease State																								
2. Name of Operator TAP ROCK OPERATING, LLC		6. State Oil & Gas Lease No.																								
3. Address of Operator 523 Park Point Drive, Suite 200, Golden, CO 80401		7. Lease Name or Unit Agreement Name HYPERION STATE																								
4. Well Location Unit Letter <u>D</u> : <u>522</u> feet from the <u>N</u> line and feet <u>695</u> from the <u>W</u> line Section <u>20</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>		8. Well Number 125H																								
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3539 GR		9. OGRID Number 372043																								
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.  2/18/2023: Install gas lift and tubing. Ran 2.875 inch L-80 tubing to 10007 ft MD. Packer set at 9985 ft MD. Returned well to production.  <b>Perforations</b> <b>Pool: TRIPLE X; BONE SPRING, WEST , 96674 Location: M -20-24S-33E 30 N 990 W</b> <table><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>9877</td><td>10865</td><td>N</td><td>1</td><td>0.55</td><td>Sand</td><td>Frac</td><td>10789278</td></tr></tbody></table> <b>Tubing</b> <b>TRIPLE X;BONE SPRING, WEST , 96674</b> <table><thead><tr><th>Tubing Size</th><th>Type</th><th>Depth Set</th><th>Packer Set</th></tr></thead><tbody><tr><td>2.875</td><td>L-80</td><td>10007</td><td>9985</td></tr></tbody></table>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	9877	10865	N	1	0.55	Sand	Frac	10789278	Tubing Size	Type	Depth Set	Packer Set	2.875	L-80	10007	9985
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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 NMOCD guidelines <input type="checkbox"/> a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/>																										
SIGNATURE _____ TITLE _____ DATE _____ Type or print name _____ E-mail address _____ Telephone No. _____ <b>For State Use Only:</b> APPROVED BY: _____ TITLE _____ DATE _____																										