

RECEIVED

\* AMENDED

Submit 1 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

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-45558
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 323012
7. Lease Name or Unit Agreement Name PLINY THE ELDER 23S27E0605
8. Well Number 215H
9. OGRID Number 372043
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP

<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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator TAP ROCK OPERATING, LLC	
3. Address of Operator 602 PARK POINT DR, SUITE 200, GOLDEN, CO 80401	
4. Well Location Unit Letter <u>D</u> : <u>895</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>04</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3150 GL	

## 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Production Casing <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.

\* Form C-103 is filed to correct information and details previously submitted for Production Casing.

1/18/19 TD 6 3/4" hole @ 19426'.

1/19/19 Set 5 1/2", 20 lbs/ft, P-110, BTC @ 8413', stepdown and run 5", 18 lbs/ft, P-110 set at 19411'.

1/20/19 Cmt Prod Csg: Lead 590 sks 13.5 ppg, 1.24 yield; Tail 1095 sks, 14.2 ppg, . Calculated Cmt Top @ 7120'.

1/21/2019 Pressured to 8800 psi for casing test; held for 30 minutes; good test. Rig Released.

## Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Depth	Pres Held	Pres Drop	Open Hole
1/19/19	Prod	WBM	6.75	5 1/2	20	P110	0	8413	590	1.24	H		8800	0	No
1/18/19	Prod	WBM	6.75	5	18	P110	0	19411	1095	1.17	H		8800	0	No

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

SIGNATURE CCC TITLE Regulatory Manager DATE 12/3/2019

Type or print name Christian Combs E-mail address: ccombs@taprk.com PHONE: (720)360-4028

## For State Use Only

APPROVED BY: Staff TITLE Staff DATE 12/23/19  
Conditions of Approval (if any):