

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

**RECEIVED**  
 State of New Mexico  
 Energy, Minerals and Natural Resources  
**DEC 05 2019**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Drive  
 Santa Fe, NM 87505  
**DISTRICT IV ARTESIA O.C.D.**

**\* AMENDED**  
 Form C-103  
 Revised July 18, 2013

WELL API NO. 30-015-44998
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 321472
7. Lease Name or Unit Agreement Name PLINY THE ELDER 23S27E0605
8. Well Number 201H
9. OGRID Number 372043
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3150 GL

**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  Gas Well  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 D : 870 feet from the NORTH line and 330 feet from the WEST line  
 Section 04 Township 23S Range 27E NMPM County EDDY

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

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>          DOWNHOLE COMMINGLE <input type="checkbox"/>          CLOSED-LOOP SYSTEM <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input checked="" type="checkbox"/>          OTHER: Intermediate Casing <input type="checkbox"/></p>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

\* Form C-103 Sundry is correcting information and details previously submitted for Intermediate Casing.

7/4/19 Test casing to 1000psi for 30min. Test good. Drill 12 1/4" to 2156'.  
 7/5/19 9 5/8" 40# J-55 BTC @ 2136', 1 csg hanger @ 36.94' set at 2136', 18 centralizers ran. Cement 450 sks lead @ 12.8 ppg, 1.38 yield, 140 sks tail @ 14.8 ppg, 1.38 yield, .5 bbls returned to truck, 10 bbls cement back, full returns through job.  
 7/8/19 Set 7 5/8" 29.7 #/ft., P-110 @ 8,343'. Circulate and Condition mud for Cement.  
 7/9/19 Cement 7 5/8" casing; 300 sks lead @ 11.5 ppg, 1.33 yield, 110 sks tail @ 13.2 ppg, 1.33 yield. Full returns thru entire job. Calculated TOC from SLB - 300'. Set pack off and test same : Bottom seal @ 5,000 psi. Top seal @ 10,000 psi. Install wear bushing.

**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
07/05/19	Int 1	Brine	12.25	9.625	40	J55	26	2136	590	1.38	C		1500	0	No
07/09/19	Int 2	Ct Brn	8.75	7.625	29.7	P110	25	8343	410	1.33	C		2500	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: [Signature] TITLE Staff mg. DATE 12/23/19  
 Conditions of Approval (if any):

1AB