Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATION 1220 South St. Fran Santa Fe, NM 87	ncis Dr.	WELL API NO. 30-025-41140 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.				
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	TION FOR PERMIT" (FORM C-101) FO	UG BACK TO A OR SUCH	7. Lease Name or Unit Agreement Name Jackson Unit				
PROPOSALS.) 1. Type of Well: Oil Well X G	as Well 🔲 Other		8. Well Number _{021H}				
2. Name of Operator TAP ROCK OPERATING, LLC	050 0510 8E	4/2020 CEIVED	9. OGRID Number 372043				
3. Address of Operator 602 PARK POINT DR, SUITE 20			10. Pool name or Wildcat Triple X Bone Spring, West				
4. Well Location Unit Letter P :200 Section 21		line and	feet from the East line NMPM County LEA				
Section 21 Township 24S Range 33E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3534 GR 3534 GR 110							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
		SUBS REMEDIAL WORK					

DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER:			OTHER: Shut in Well	X]
13. Describe proposed or o	completed operations.	(Clearly state all p	pertinent details, and give perti	nent dates, including estimated d	ate
of starting any propose	ed work). SEE RULE	19.15.7.14 NMAC	C. For Multiple Completions:	Attach wellbore diagram of	
proposed completion of	or recompletion.				

COMMENCE DRILLING OPNS.

CASING/CEMENT JOB

P AND A

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 \Box

Tap Rock has decided to keep the Jackson Unit 21H wellbore shut in. The well was shut in on 5/5/2020 and plans to remain shut in until pricing has risen to an adequate economic level to produce.

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

TEMPORARILY ABANDON

PULL OR ALTER CASING

CHANGE PLANS

MULTIPLE COMPL

SIGNATURE	TITLE_Regulatory	y Analyst	DATE
Type or print name Bill Ramsey For State Use Only		bramsey@taprk.com	PHONE:
APPROVED BY:	ACCEPTED FOR RECORD To apply for SI Status, subministration of the status of the statu		DATE
Conditions of Approval (if any):			