

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

Rec'd 7/22/2020 - NMOCD Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-46766
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 HYPERION STATE
8. Well Number 202H
9. OGRID Number 372043
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3543 GR

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 <input type="checkbox"/>	
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 C : 654 feet from the NORTH line and 1850 feet from the WEST line Section 20 Township 24S Range 33E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3543 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"/>	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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: COMPLETION <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spudded well on 2/18/2020.
Total Depth of 17396' MD reached on 3/23/2020. TVD of 12504'.
Plug Back Measured depth at 17367' MD, TVD of 12503'.
Rig Release on 3/26/2020 at 3:00.

6/19/2020 to 6/29/2020: Perforate from 12393' to 17282', 3 SPF, .42 inch holes with 975 total shots. 25 stage frac with 12,478,880 lbs of 100 mesh sand.
7/17/2020 to 7/19/2020: Drill out plugs
7/20/2020: Ready to produce

Accepted 7/22/2020 - NMOCD

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

SIGNATURE  TITLE Regulatory Analyst DATE 7/22/2020

Type or print name Bill Ramsey E-mail address: Bramsey@taprk.com PHONE: 720-360-4028

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):