

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

WELL API NO. 30-025-44969
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cosmo K 24S35E3328
8. Well Number #113H
9. OGRID Number 372043
10. Pool name or Wildcat 1 st Bone Spring Sand

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 DRIVE, GOLDEN, CO 80401

4. Well Location
Unit Letter G : 2306 feet from the NORTH line and 1877 feet from the EAST line
 Section 33 Township 24S Range 35E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3289 GR

HOBBS OGD
FEB 19 2019
RECEIVED

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: <input type="checkbox"/>	Frac/Flowback <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.

10/16/18	Test csg to 6,500 psi; Test good.
10/22 - 11/7/18	Perf and fracture treat Bone Spring formation from 10,525' - 16,650' in 31 stages with 15,400,000 lbs sand.
11/10 - 11/13/18	Mill out plugs.
11/19/2018	Install 2-7/8" tubing and set packer @ 9,800'.
11/22/18	Open well and turn over to flowback.
TVD:	10,900'
MD:	16,665'

Spud Date: 7/28/18 Rig Release Date: 8/22/18

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

SIGNATURE John W Masenheimer TITLE Operations Technician DATE 09/04/2018
 Type or print name John Masenheimer E-mail address: jmasenheimer@taprk.com PHONE: 720-460-3498
For State Use Only

APPROVED BY Garen Sharp TITLE Staff Mgr DATE 2-20-19
 Conditions of Approval (if any):