| Submit 1 Copy To Appropriat<br>Office   |                         | State of New Mexico                    |                 | Form C-103                             |                              |
|---|-------------------------|--|-----------------|--|------------------------------|
| District I - (575) 393-6161   |                         | Energy, Minerals and Natural Resources |                 | Revised July 18, 2013 WELL API NO.     |                              |
| 1625 N. French Dr., Hobbs, N. District II – (575) 748-1283  |                         | OH CONGERNATION BUILDING               |                 | 30-015                                 | 5-43477                      |
| 811 S. First St., Artesia, NM 8<br>District III – (505) 334-6178  | 00210                   | OIL CONSERVATION DIVISION              |                 | 5. Indicate Type of Lease              |                              |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |                         |  | :               | STATE FEE 6. State Oil & Gas Lease No. |                              |
| District IV - (505) 476-3460 Salita Fe, INIVI 67303<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                         | )3                                     | 6. State Oil    | & Gas Lease No.                        |                              |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                         |  |                 | 7. Lease Na                            | me or Unit Agreement Name    |
| (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.) |                         |  |                 | JIMMY KONE 05 24S 28E RB               |                              |
| 1. Type of Well: Oil Well Gas Well X Other  |                         |  |                 | 8. Well Number 223H                    |                              |
| 2. Name of Operator MATADOR PRODUCTION COMPANY  |                         |  |                 | 9. OGRID Number<br>228937              |                              |
| 3. Address of Operator  |                         |  |                 | 10. Pool name or Wildcat               |                              |
| 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240  |                         |  |                 | PURPLE SAGE;WOLFCAMP, (GAS)            |                              |
| 4. Well Location  | <b>T</b>                |  |                 |  |                              |
|   |                         |  |                 |  | et from the <u>EAST</u> line |
| Section 05 Township 24S Range 28E NMPM County EDDY  |                         |  |                 |  |                              |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3043' GR   |                         |  |                 |  |                              |
| 5010 OK   |                         |  |                 |  |                              |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                         |  |                 |  |                              |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                         |  |                 |  |                              |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |                         |  |                 |  |                              |
| TEMPORARILY ABANDON   |                         |  |                 |  |                              |
| PULL OR ALTER CASING  |                         |  |                 |  |                              |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM   |                         |  |                 |  |                              |
| OTHER: OTHER: Perforate, fracture treat, produce  |                         |  |                 |  |                              |
| 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.             |                         |  |                 |  |                              |
| 02/01/17 - Open well to test casing to 5700 psi. Good test.   |                         |  |                 |  |                              |
| 02/13/17 Perforate, fracture treat Wolfcamp formation 10,607 - 15,082' in 21 stages   |                         |  |                 |  |                              |
| with 13,725,320 lbs sand.   |                         |  |                 |  |                              |
| 02/14/17 Begin recover of load water.   |                         |  |                 |  |                              |
| 02/18/17 Well begins to produce.  |                         |  | MM              | OIL CONSERVATION ARTESIA DISTRICT      |                              |
|   |                         |  |                 | MAY 0 1 2017                           |                              |
|   |                         |  |                 | ·                                      | MMI 01 2017                  |
|   |                         |  |                 | ₹ ·                                    | RECEIVED                     |
|   |                         |  |                 | ţ.                                     | on Augenma,                  |
|   | 0./4.5                  | ٦                                      | 22 / 22 / 2     |  |                              |
| Spud Date: 11/28  | 3/16                    | Rig Release Date:                      | 01/10/1         | L'7                                    |                              |
| <u> </u>  |                         | <b>-</b>                               | <u> </u>        |  | <del></del>                  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |                         |  |                 |  |                              |
| Thereby certify that the h  | normation above is true | and complete to the best               | of my knowledge | c and benef.                           |                              |
| SIGNATURE ava Monioe TITLE Sr. Engineering Tech DATE 04/06/17   |                         |  |                 |  |                              |
| SIGNATURE TITLE Sr. Engineering Tech DATE 04/06/17 amonroe@matadorresources.com   |                         |  |                 |  |                              |
| Type or print name Ava Monroe E-mail address: PHONE:972-271-5218  |                         |  |                 |  |                              |
| For State Use Only  |                         |  |                 |  |                              |
| APPROVED BY:  | ulle                    | TITLE Stan                             | Cf M.           |  | DATE 5-3-17                  |
| Conditions of Approval (  | if any):                |  | 5               |  |                              |
| ,   | 0 1                     | $\mathcal{I}$                          | $\lambda +$     | . 1                                    |                              |
|   | report                  | Tubing                                 | De   A          | ÷, [                                   |                              |