| Submit 1 Copy To Appropriate District Office  | State of New Mexico                    | Form C-103                            |
|---|--|---------------------------------------|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources | Revised July 18, 2013 WELL API NO.    |
| District II - (575) 748-1283  | OIL CONSERVATION DIVISION              | WELL API NO.<br>30-015-43958          |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178   | 1220 South St. Francis Dr.             | 5. Indicate Type of Lease STATE FEE X |
| 1000 Rio Brazos Rd., Aztec, NM 8741<br><u>District IV</u> – (505) 476-3460  | Santa Fe, NM 87505                     | 6. State Oil & Gas Lease No.          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                                       |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  | 7. Lease Name 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 |  | JIMMY KONE 05 24S 28E                 |
| PROPOSALS.)  1. Type of Well: Oil Well  | Gas Well X Other                       | 8. Well Number 226H                   |
| 2. Name of Operator   |  | 9. OGRID Number                       |
| MATADOR PRODUCTION ( 3. Address of Operator   | COMPANY                                | 228937<br>10. Pool name or Wildcat    |
| 5400 LBJ Freeway, Ste 150   | ), Dallas, TX 75240                    | PURPLE SAGE; WOLFCAMP (GAS)           |
| 4. Well Location  |  |                                       |
| Unit Letter 5   |  | 320 feet from the E line              |
| Section 5 Township 24S Range 28E NMPM County EDDY  11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |                                       |
| 3043' GR  |  |                                       |
| 40.00   |  |                                       |
| 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 ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A  |  |                                       |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐                 |  |                                       |
| DOWNHOLE COMMINGLE  |  |                                       |
| CLOSED-LOOP SYSTEM<br>OTHER:  | OTHER: PE                              | erforate, 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. |  |                                       |
| 1/31/17 - 2/10/17 Open well; perform casing test to 5570 psi. Good test.  |  |                                       |
| Perforated and fracture treated Wolfcamp formation from 10748 - 15138' in 21 stages, 13,757,260 lbs sand  |  |                                       |
| 2/11/17 - 2/13/17 Shut in for work on adjacent well. 2/13/17 Open well @ 17:00 hrs. to flow back load water.  |  |                                       |
| 02/18/17 Well begins to produce.  |  |                                       |
|   |  | MA OIL CONSERVATION ARTESIA DISTRICT  |
|   |  | MAY <b>0 1</b> 2017                   |
|   |  | WA 01 2017                            |
|   |  | RECEIVED                              |
|   |  |                                       |
| Spud Date: 12/10/16   | Rig Release Date: 01/02                | /17                                   |
|   |  |                                       |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                                       |
|   | . ,                                    | ,                                     |
| SIGNATURE Coan Transport Title Sr. Engineering Technician DATE 04/27/17   |  |                                       |
| Type or print name Ava Monroe E-mail address:amonroe@matadorresources.com PHONE: 972-371-5218   |  |                                       |
| For State Use Only  |  |                                       |
| APPROVED BY: DATE 5-3-/7 Conditions of Approval (if any):  Report Tubin, Detail   |  |                                       |
| $\rho$ $+$ $\tau$ $1$ $\lambda$ $+$ $1$   |  |                                       |
| Report Inbir) DelAil  |  |                                       |