Submit I Copy To Appropriate DisconserVATION Office ARTESIA DISTRICT State	e of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88 MAY 1 2 2017 gy, MIN	erals and Natural Resources	Revised July 18, 2013 WELL API NO. 30-015-43973
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 Santa Fe, NM 87505		5. Indicate Type of Lease
		STATE FEE 6. State Oil & Gas Lease No.
		314750
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.)		7. Lease Name or Unit Agreement Name
		JANIE CONNER 13 24S 28E RB
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 203H
2. Name of Operator Matador Production Company		9. OGRID Number 228937
3. Address of Operator 5400 LBJ Freeway STE 1500		10. Pool name or Wildcat PURPLE SAGE;WOLFCAMP (GAS)
Dallas, TX 75240 4. Well Location		
Unit Letter : 1758 feet from the South line and 330 feet from the East line		
Section 14 Townsh	ip 24S Range 28E	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2973		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB CLOSED-LOOP SYSTEM SHL Change OTHER: OTHER: OTHER: 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 change the SHL to 1512' South and 190' East Please change the elevation to 2974'		
Spud Date: 9/13/2017	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE SLA	TITLE Regulatory Tech	DATE 5/11/2017
Type or print name Sherri Gore	E-mail address: sgore@matadorresc	ources.com PHONE: 972-371-5467
For State Use Only		
APPROVED BY. Jaymond Kirology TITLE Greologist DATE 5-19-17 Conditions of Approval (if any):		