

N.M. Oil & Gas Division  
 1625 N. French Dr.  
 Hobbs, NM 88240

Form 3160-5  
 (June 1990)

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

FORM APPROVED  
 Budget Bureau No. 1004-0135  
 Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
 Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NMLC069276

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hudson Federal 30 #4

9. API Well No.

30-025-34301

10. Field and Pool, or Exploratory Area

Corbin; Wolfcamp, South

11. County or Parish, State

Lea County, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

Matador Operating Company

3. Address and Telephone No.

310 W. Wall, Ste 906 Midland, TX 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 30 T18S R33E  
 735' FNL, 660' FWL

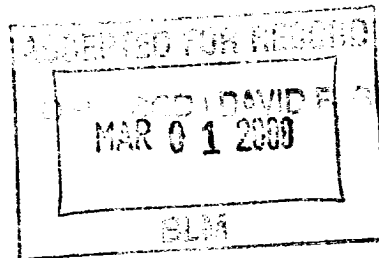
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Diagram Requested</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Facility Diagram Attached.



14. I hereby certify that the foregoing is true and correct

Signed

*[Handwritten Signature]*

Title Production Analyst

Date 2-24-00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*[Handwritten mark]*

\*See Instruction on Reverse Side

PLANT LOCATION \_\_\_\_\_ AREA \_\_\_\_\_ AFE \_\_\_\_\_  
 PROJECT \_\_\_\_\_ LINE NO. \_\_\_\_\_  
 SERVICE \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
 BY \_\_\_\_\_ DATE \_\_\_\_\_ ENG. STD. \_\_\_\_\_  
 CK'D BY \_\_\_\_\_ DATE \_\_\_\_\_

