

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 288585 <hr/> WELL API NUMBER 30-015-47246 <hr/> 5. Indicate Type of Lease P <hr/> 6. State Oil & Gas Lease No. <hr/> 7. Lease Name or Unit Agreement Name ACE STERN VEGAS FEE 22 21																																																																
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: G		8. Well Number 203H																																																																
2. Name of Operator MATADOR PRODUCTION COMPANY		9. OGRID Number 228937																																																																
3. Address of Operator One Lincoln Centre, 5400 LBJ Freeway Ste 1500, Dallas, TX 75240		10. Pool name or Wildcat																																																																
4. Well Location Unit Letter <u>M</u> : <u>1270</u> feet from the <u>S</u> line and feet <u>320</u> from the <u>W</u> line Section <u>21</u> Township <u>22S</u> Range <u>28E</u> NMPM County <u>Eddy</u>																																																																		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3065 GR																																																																		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																																																																		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Drilling/Cement <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: Drilling/Cement <input checked="" type="checkbox"/>																																													
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. RR: 09/03/2020 TVD/MD: 9622'/19597' Reporting Casing and cementing actual. All tests for duration of 30 min. All tests good. 7/21/2020 Spudded well. PBTD @ 19,495																																																																		
Casing and Cement Program <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>07/21/20</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>j55</td> <td>0</td> <td>384</td> <td>635</td> <td>1.33</td> <td>C</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> <tr> <td>08/03/20</td> <td>Int1</td> <td>Brine</td> <td>9.875</td> <td>7.625</td> <td>29.7</td> <td>p110</td> <td>0</td> <td>8796</td> <td>1130</td> <td>1.36</td> <td>C</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> <tr> <td>09/01/20</td> <td>Prod</td> <td>OilBasedMud</td> <td>6.75</td> <td>5.5</td> <td>20</td> <td>p110</td> <td>1414</td> <td>19587</td> <td>1055</td> <td>1.36</td> <td>C</td> <td></td> <td>5818</td> <td>65</td> <td>N</td> </tr> </tbody> </table>			Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole	07/21/20	Surf	FreshWater	17.5	13.375	54.5	j55	0	384	635	1.33	C		1500	0	N	08/03/20	Int1	Brine	9.875	7.625	29.7	p110	0	8796	1130	1.36	C		1500	0	N	09/01/20	Prod	OilBasedMud	6.75	5.5	20	p110	1414	19587	1055	1.36	C		5818	65	N
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																																																																		
SIGNATURE _____		TITLE _____	Regulatory Analyst	DATE _____	02/24/2021																																																													
Type or print name <u>Brett Jennings</u>		E-mail address <u>Brett.Jennings@matadorresources.com</u>	Telephone No. <u>972-629-2160</u>																																																															
For State Use Only:																																																																		
APPROVED BY: _____		TITLE _____	DATE _____																																																															

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District IV
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Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 18693

CONDITIONS OF APPROVAL

Operator: MATADOR PRODUCTION COMPANY 5400 LBJ Freeway, Ste 1500	One Lincoln Centre Dallas, TX75240	OGRID: 228937	Action Number: 18693	Action Type: C-103T
OCD Reviewer ksimmons	Condition None			