Submit 1 Copy To Appropriate District Office	State of New Me			Pov	Form C-	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	Energy, Minerals and Natu	Revised July 18, 2013 WELL API NO. 30-025-44286				
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE			
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8'	 6. State Oil & Gas Lease No. VB-2250 				
87505 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.)				 Lease Name or Unit Agreement Name Bill Alexander State Com 		
1. Type of Well: Oil Well	Gas Well 🗌 Other	8. Well Number 111H				
2. Name of Operator Matador Production Company			9. OGRID Number 228937			
 Address of Operator 5400 LBJ Freeway Ste 1500, Dallas, Texas 75240 				10. Pool name or Wildcat Rock Lake;Bone Spring		
4. Well Location	240		000		\\/	
Unit Letter M	249 feet from the S	line and		eet from the		ine
Section 33	Township 22-S Ra	0	NMPM	County	Lea	
	11. Elevation (Show whether DR	, KKB, KI, GR, etc.	.)			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	CHANGE PLANS	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: pertinent details, an C. For Multiple Co	RK ILLING OPNS IT JOB Id give pertine mpletions: At	S. P AND A	IG CASING	
Spud Date:	Rig Release Da					
I hereby certify that the information	n above is true and complete to the b	est of my knowledg	ge and belief.			
SIGNATURE Brian Far	rcher	gulatory Manager		DATE5	5/13/20	

E-mail address. Marchier Condition FILONE.	be or print name	Brian Fancher	E-mail address; bfancher@matadorresources.com PHO	NE: 972-371-52
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Type or print name <u>B</u> For State Use Only

APPROVED BY:_____ Conditions of Approval (if any):

__TITLE_

DATE