

## OIL CONSERVATION DIVISION

FEB 06 2019 1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-44509

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

AIRSTRIIP 31 18 35 RN STATE COM

8. Well Number 131H

9. OGRID Number  
22893710. Pool name or Wildcat  
AIRSTRIIP;BONE SPRING

## 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: Oil Well ☒ Gas Well ☐ Other ☐2. Name of Operator  
Matador Production Company3. Address of Operator  
5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

4. Well Location

Unit Letter M : 210 feet from the S line and 331 feet from the W line  
Section 31 Township 18S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3948' GR

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Install tubing ☒

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.

11/17/18 Install 2 7/8" L-80 tubing and ESP pump. Baker pump 48-400 G 220 HP.

set @ 9551'

Spud Date:

08/14/2018

Rig Release Date:

09/17/2018

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Ava Monroe*

TITLE Sr. Regulatory Analyst

DATE 02/05/18

Type or print name Ava Monroe

E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

For State Use Only

APPROVED BY:

*Karen Sharp*

TITLE

*Staff Mgr*

DATE 2-7-19

Conditions of Approval (if any):