Submit 3 Copies to Appropriate District Office

## State of New Mexico Enc. \_\_\_\_, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240		2040 Pacheco St.				30-025-33753		
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210						sIndicate Type of Lea	se STATE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 8	7410					sState Oil & Gas Leas		FEE
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.)						₁Lease Name or Unit Agreement Name Lea AQ State		
Type of Well: OIL GAS WELL WELL OTHER								
₃Name of Operator Matador Operating Company						eWell No. 9		
sAddress of Operator 415 W. Wall, Ste. 1101, Midland, TX 79701						Pool name or Wildcat     Pearl San Andres West		
4Well Location Unit Letter	620 Feet Fro	om The	North	Line and	1700	Feet From The	West	Line
Section	32 To	wnship 10Elevation (Sho		Range RKB, RT, GR, etc	35E	<b>N</b> MPM	Lea	County
11 Check Appropriate Poy to Indicate Nature of Natice Penart, or Other Data								
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:								
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							ALTERING CAS	ING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C						PNS.	PLUG AND ANB	<u> </u>
PULL OR ALTER CASING CASING TEST AND CEM					NT JOB		\ <u></u>	
OTHER:				OTHER:				
12Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Clearl)	y state all pertinent	details, and giv	e pertinent dates,	including es	timated date of starting	any proposed	
Set 8 5/8" csg. @ 450' - 11 " hole, 210 sks "C" @ 14.8 PPG @ 1.32 yld. 5 1/2 csg. @ 5952 - 7 7/8" hole , 1250 sxs 35/65 poz @ 12.6 PPF @ 2.04 yld. +175 sxs H @ 15.6 PPG @ 1.18 yld.								
I hereby certify that the informat	ion above is true and	complete to the be	st of my knowle	dge and belief.				
SIGNATURE MON	ry Cosk	rey	т	TLE Production	on Clerk		DATE 08-0	1-97
TYPE OR PRINT NAME Sherry	Coskrey						TELEPHONE NO. 9	15-687-5955
(This space for State Use) ORIGI	NAL SIGNED B DISTRICT I S	Y CHRIS WILI UPERVISOR	LIAMS				40.	3 19 1097
ADDDOVED DV			τ	171 E			DATE	