

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator				
1. BLM Office* Hobbs, NM		2. Well Type* OIL		
3. Completion Type* New Well				
Operating Company Information				
4. Company Name* MATADOR PRODUCTION COMPANY				
5. Address* 5400 LBJ FREEWAY, SUITE 1500 DALLAS TX 75240			6. Phone Number* 575-623-6601	
Administrative Contact Information				
7. Contact Name* TAMMY R LINK			8. Title* PRODUCTION ANALYST	
9. Address* 108 S 4TH ARTESIA NM 88210			10. Phone Number* 575-627-2465 ____ 11. Mobile Number _____ 13. Fax Number _____	
12. E-mail* tlink@matadorresources.com				
Technical Contact Information				
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.				
14. Contact Name* _____-_____-_____			15. Title* _____	
16. Address* _____ _____ _____-_____-_____			17. Phone Number* _____-_____ 18. Mobile Number _____ 20. Fax Number _____	
19. E-mail* _____				
Surface Location				
21. Specify location using one of the following methods: a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description				
State* NM	County or Parish* LEA			
Section 18	Township 25S	Range 35E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr SESE	Lot # ____	Tract # _____	N/S Footage 90 FSL	E/W Footage 1256 FEL
Latitude _____	Longitude _____	Metes and Bounds		
Producing Interval Location				
22. Specify location or <input type="checkbox"/> Check here if the producing hole location is the same as the surface location.				
State* NM	County or Parish* LEA			
Section __	Township ____	Range ____	Meridian	

Qtr/Qtr NWNE	Lot # __	Tract # _____	N/S Footage __	E/W Footage __
Latitude _____	Longitude _____	Metes and Bounds		

Bottom Location

23. Specify location or
☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* LEA			
Section 18	Township 25S	Range 35E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # __	Tract # _____	N/S Footage 97 FNL	E/W Footage 1361 FEL
Latitude _____	Longitude _____	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM136226	_____
26. If Unit or CA/Agreement, Name and/or Number _____	27. Field and Pool, or Exploratory Area* WC-025 G-09 S243532M;WB

Well

28. Well Name* BIGGERS FED COM		29. Well Number* 203H		30. API Number 30-025-44645	
31. Date Spudded 07/14/2019	32. Date T.D. Reached 08/30/2019		33. Date Completed 11/04/2019 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce		34. Elevations <i>(DF, RKB, RT, GL)</i> 3332 Ground Level
35. Total Depth: <div>MD 17500 TVD 12709</div>		36. Plug Back Total Depth: <div>MD 17402 TVD ____</div>		37. Depth Bridge Plug Set: <div>MD ____ TVD ____</div>	
38. Type Electric & Other Mechanical Logs Run <i>(Submit copy of each)</i> ELECTRIC LOGS			39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Analysis)</i> Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Report)</i> Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Submit Copy)</i>		

40. Casing and Liner Record *(Report all strings set in well)*

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	J-55	54.5	__	990	__	1060	__	0	140
12.25	9.625	J-55	40	__	5512	__	1855	__	0	211
8.75	7.625	P-110	29.7	__	12915	__	760	__	581	0
6.75	5.5	P-110	20	__	17496	__	1068	__	700	0
__	__	__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__	__	__

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
__	__	__
__	__	__
__	__	__

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A)WOLFBONE	12690	17354
B)_____	__	__
C)_____	__	__
D)_____	__	__

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
12690	17354	__	__	OPEN
__	__	__	__	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
12690	17354	TOTAL ACID 671 BBLS, TOTAL CLEAN FLUID 277,475 BBLS, TOTAL 100 MESH 4,320,000 LBS,
_____	_____	TOTAL PROPPANT 11,950,500 LBS.
_____	_____	_____
_____	_____	_____

45. Production Method and Well Status for Production Intervals	
Production Method	Well Status
Flows From Well	Producing Oil Well

46. Production - Interval A								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
11/04/2019	11/08/2019	24	>>>>>	2055	3914	4281	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
40/64	1625 _____	_____	>>>>>	2055	3914	4281	_____	

47. Production - Interval B								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____ _____	_____	>>>>>	_____	_____	_____	_____	

48. Production - Interval C								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____ _____	_____	>>>>>	_____	_____	_____	_____	

49. Production - Interval D								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____ _____	_____	>>>>>	_____	_____	_____	_____	

50. Disposition of Gas <i>(Sold, used for fuel, vented, etc.)</i>
Sold

51. Summary of Porous Zones <i>(Include Aquifers)</i> : Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.				52. Formation (Log) Markers	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
DELAWARE	7946	9292	OIL & GAS	TOP SALT	1447
FIRST BONE SPRING	10423	10612	OIL & GAS	BASE SALT	5448
SECOND BONE SPRING	10967	11084	OIL & GAS	DELAWARE SAND	7946
THIRD BONE SPRING	12122	12674	OIL & GAS	BONE SPRING (BSGL)	9292
_____	_____	_____	_____	WOLFCAMP	12674
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

53. Additional remarks (include plugging procedure): Logs, Directional Survey, C-102 As Drilled Plat		
54. Indicate which items have been attached by placing a check in the appropriate boxes: <input checked="" type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.) <input type="checkbox"/> Geologic Report <input type="checkbox"/> DST Report <input checked="" type="checkbox"/> Directional Survey <input type="checkbox"/> Sundry Notice for plugging and cement verification <input type="checkbox"/> Core Analysis <input type="checkbox"/> Other:		
I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*		
55. Name TAMMY R LINK	56. Title PRODUCTION ANALYST	
57. Date* (MM/DD/YYYY) 02/19/2020 <input type="button" value="Today"/>	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>	
Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make 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.		

Section 2 - System Receipt Confirmation		
59. Transaction 503799	60. Date Sent 02/19/2020	61. Processing Office Hobbs, NM

Section 3 - Internal Review #1 Status		
62. Review Category N/A	63. Date Completed _____	64. Reviewer Name _____
65. Comments		

Section 4 - Internal Review #2 Status		
66. Review Category N/A	67. Date Completed _____	68. Reviewer Name _____
69. Comments		

Section 5 - Internal Review #3 Status		
70. Review Category N/A	71. Date Completed _____	72. Reviewer Name _____
73. Comments		

Section 6 - Internal Review #4 Status		
74. Review Category N/A	75. Date Completed _____	76. Reviewer Name _____
77. Comments		

Section 7 - Final Approval Status			
78. Disposition Accepted	79. Date Completed 08/13/2020	80. Reviewer Name CHRISTOPHER WALLS	81. Reviewer Title PETROLEUM ENGINEER
82. Comments 08/13/2020: CHRISTOPHER WALLS: Well completion Report accepted 8/13/2020 CRW			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.