Damacl (57) 393-6161 Energy, Minerals and Natural Resources WELL API NO. 30-025-2077 Damacl (57) 748-128 OLL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 S. Indicater Proof Lease 1. State 116: 608 Lease No. Direct N (63) 748-128 OLL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 S. Indicater Net Proof Lease 1. State 116: 608 Lease No. Direct N (63) 748-128 SubDRY NOTICES AND REPORTS ON WELLS (OD NOTICES AND REPORTS ON WELLS (DO NOTICES AND REPORTS ON WELLS 1. Type of Vell: 01 Well I G Gas Well O Other PROYOSALS) 7. Lease Name or Unit Agreement Name ELAND 3266/32 RN state COM Reports 1296 1. Type of Vell: 01 Well I G Gas Well O Other PROYOSALS) Gas Well O Other HOBBS OCD 8. Well Number 1294 1. Type of Vell: 01 Well I G Gas Well O Other PROYOSALS) 9. OGRID Number 1294 9. OGRID Number 1294 3. Address of Operator MATADOR PROVIDUCTION COMPANY JUN 0 9.2016 8. Well Number 1294 9. OGRID Number 229937 3. Address of Operator MATADOR PROVIDUCTION COMPANY JUN 0 9.2016 10. Pool name or Wildcat Coreanis, Econo State Provide Mather Action 3764 GR 10. Pool name or Wildcat Coreanis, Econo State Provide Mather Action 3764 GR 1. Lelevation (Show whether DR, RKB, RT, GR, etc.) 3764 GR JINPM County LEA 1. Levation (Show whether DR, RKB, RT, GR, etc.) 3764 GR JINPM County LEA 1. Descrube pr	Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
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Named U (05) 470-360 Santa Fe, NM 87505 6. State Oil & Gas Lease No. 1220 S. F. Francis D Santa Fe, NM 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name 1220 S. F. Francis D Santa Fe, NM 7. Lease Name or Unit Agreement Name 8. Well Number 123H 1230 S. Francis D Santa Fe, NM 7. Lease Name or Unit Agreement Name 8. Well Number 123H 12. Type of Well: Oil Well Ø. Gas Well Other HOP BS OCD 8. Well Number 123H 1. Type of Well: Oil Well Ø. Gas Well Other HOP BS OCD 9. ORGID Number 123H 13. Address of Operator 500 DALLAS, TX 75240 9. ORGID Number 123H 14. Well Location 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3754 GR 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3754 GR NMPM County LEA Condection of the Change ont & ceg plan. M OTHER TOR SOLUTION TO: SubSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING Change ont & ceg plan. M OTHER Common to Change ont & ceg plan. M OTHER Commete Completion Orecompletion Orecompletion or recompletio	District III - (505) 334-6178		
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CONTUSE THIS FORM POR PROPOSALS TO DRILL OR TO DEBERN OR PLUE BACK TO A PROPOSALS. ELAND 328 BY & RN STATE COM PROPOSALS. 1. Type of Well: Oil Well S Gas Well Other Other HOBBS OCD 8. Well Number 123H 2. Name of Operator MATADOR REQUEXTOR COMPANY JUN 0 9 2016 9. OGRID Number 228937 3. Address of Operator MATADOR REQUEXTOR COMPANY JUN 0 9 2016 9. OGRID Number 228937 4. Well Location Yes Township 188 Range 38E NMPM County LEA 4. Well Location Yes Township 188 Range 38E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3754 GR SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING = COMMENCE DRILLING OPNS P AND A 0 PULL OR ALTER CASING MULTPLE COMMINGLE COMMENCE DRILLING OPNS P AND A 0 OTHER: Change ont & seg pin. [S] OTHER: CALTERING CASING P AND A 13. Describe proposed or completed operation. CasiNG/CEMENT JOB 0 0 PROD CUT BRINE 8.75 5.5 P.110 20.00 14894 2183 4300 Straing any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion <td< td=""><td></td><td>CES AND REPORTS ON WELLS</td><td>7. Lease Name or Unit Agreement Name</td></td<>		CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
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3. Address of Operator sold ULB FREEWAY. STE. 1500. DALLAS, TX 75240 10. Pool name or Wildcat CORRIN: BONE SPRING, SOUTH 4. Well Location Unit Letter Image: Correct Spring Spring, South Image: Correct Spring, South		NY	9. OGRID Number 228937
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Manon TITLE Sr. Engineering Technician DATE 06/08/2016 Type or print name Ava Monroe E-mail address: amonroe@matadomegocroes.com PHONE: 972-371-5218 For State Use Only TITLE APPROVED BY: Manon	SURF FRESH WTR 20 INT 1 BRINE 12.25	13.375J-5554.5012669.625J-5540.005300	1822 0 1547 0
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