

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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.)		WELL API NO. 30-025-43816
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MATADOR PRODUCTION COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240		7. Lease Name or Unit Agreement Name AIRSTRIP 31 18 35 RN STATE COM
4. Well Location Unit Letter <u>N</u> : <u>850</u> feet from the <u>S</u> line and <u>1638</u> feet from the <u>W</u> line Section <u>31</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number <u>132H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3937' GR		9. OGRID Number 228937
		10. Pool name or Wildcat AIRSTRIP, BONE SPRING

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>	Delay tubing install. <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>	

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.
Proposing to delay tubing installation in order for well to clean up after fracture treatment and to determine by observing well as to what type of artificial lift (if necessary) will be required.



Spud Date:

06/10/17

Rig Release Date:

07/2/2017

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

SIGNATURE

Ava Monroe

TITLE Sr. Engineering Technician

DATE 7/31/17

amonroe@matadorresources.com

Type or print name Ava Monroe

E-mail address:

PHONE: 972-271-5218

For State Use Only

APPROVED BY:

[Signature]

TITLE

Petroleum Engineer

DATE

06/01/17

Conditions of Approval (if any):