

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or recomplete an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

|   |  |   |
|---|--|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION |  | 5. Lease Serial No.<br>NMLC065581                               |
| 2. Name of Operator<br>MATADOR PRODUCTION COMPANY   |  | 6. If Indian, Allottee or Tribe Name                            |
| 3a. Address<br>5400 LBJ FREEWAY SUITE 1500<br>DALLAS, TX 75240  |  | 7. If Unit or CA/Agreement, Name and/or No.<br>8910180420       |
| 3b. Phone No. (include area code)<br>Ph: 575-627-2465   |  | 8. Well Name and No.<br>YOUNG DEEP UNIT 16                      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 9 T18S R32E SWNW 1980FNL 660FWL                               |  | 9. API Well No.<br>30-025-29047-00-S1                           |
|   |  | 10. Field and Pool or Exploratory Area<br>YOUNG-DELAWARE, NORTH |
|   |  | 11. County or Parish, State<br>LEA COUNTY, NM                   |

## 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off             |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity             |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other Well Test |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

BLM BOND NO: NMB001079  
SURETY BOND NO: RLB0015172

See Attached Bradenhead Test Report.

|   |                          |
|---|--------------------------|
| 14. I hereby certify that the foregoing is true and correct.<br>Electronic Submission #463946 verified by the BLM Well Information System<br>For MATADOR PRODUCTION COMPANY, sent to the Hobbs<br>Committed to AFMSS for processing by PRISCILLA PEREZ on 05/03/2019 (19PP1726SE) |                          |
| Name (Printed/Typed) TAMMY R LINK   | Title PRODUCTION ANALYST |
| Signature (Electronic Submission)   | Date 05/02/2019          |

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|   |  |             |
|---|--|-------------|
| Approved By _____   | Title Accepted for Record                        | MAY 03 2019 |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. | Office Jonathon Shepard<br>Carlsbad Field Office | Date        |

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.

(Instructions on page 2)

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

X7 NMOCB 5-21-19

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

|  |  |  |
|--|--|--|
| Operator Name<br><b>MATADOR PRODUCTION COMPANY</b> |  | API Number<br><b>30-025-29047-0000</b> |
| Property Name<br><b>YOUNG DEEP UNIT</b>            |  | Well No.<br><b>016</b>                 |

Surface Location

|                      |                     |                         |                      |                          |                      |                         |                      |                      |
|----------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>E</b> | Section<br><b>9</b> | Township<br><b>18-S</b> | Range<br><b>32-E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>660</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                   |                                 |                                   |                                   |                       |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------|
| TA'D Well<br><b>YES</b> <b>NO</b> | SHUT-IN<br><b>YES</b> <b>NO</b> | INJECTOR<br><b>INJ</b> <b>SWD</b> | PRODUCER<br><b>OIL</b> <b>GAS</b> | DATE<br><b>5/1/19</b> |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing          |
|----------------------|----------------|--------------|--------------|-------------|--------------------|
| Pressure             | <b>0</b>       | <b>—</b>     | <b>—</b>     | <b>0</b>    | <b>0</b>           |
| Flow Characteristics |                |              |              |             | <b>NOT INS</b>     |
| Puff                 | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <b>—</b>       |
| Steady Flow          | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <b>—</b>       |
| Surges               | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <b>—</b>       |
| Down to nothing      | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | If applicable type |
| Gas or Oil           | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | fluid injected for |
| Water                | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Waterflood         |

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Office File copy only

|  |        |                           |
|--|--------|---------------------------|
| Signature:                                     |        | OIL CONSERVATION DIVISION |
| Printed name:                                  |        | Entered into RBDMS        |
| Title:   |        | Re-test                   |
| E-mail Address:                                |        |                           |
| Date: <b>5/1/19</b>                            | Phone: |                           |
| Witness: <b>KERRY FORTNER-OCD 575-399-3221</b> |        |                           |