								······				
Submit 1 Copy To A	Appropriate Distri	ct		State o	of New M	exico					Form	C-103
Office <u>District I</u> – (575) 393							sources	Revised July 18, 2013				
	N. French Dr., Hobbs, NM 88240								API NO.			
District II - (575) 74 811 S. First St., Arte			OIL	CONSER	NATIO	N DIV	ISION		80-025-454			
<u>District III</u> – (505) 3			OIL CONSERVATION DIVISION 1220 South St. Francis Dr.					5. Indicate Type of Lease				
1000 Rio Brazos Rd		10	Santa Fe NM 87510						STATE X FEE 6. State Qil & Gas Lease No.			
District IV – (505) 4 1220 S. St. Francis I		1	1220 South St. Hancis Dr. Santa Fe, NM 875055 OCD							is Lease	NO.	
87505					<u> </u>	PAC	0					
(DO NOT USE THI	SUNDRY 1	NOTIC	ES AND	REPORTS	ON VELL	S VO	2010 .	7. Leas	e Name o	r Unit Ag	greement	Name
DIFFERENT RESE	RVOIR. USE "A	APPLIC/	ALS TO DRI	PERMIT" (FC	ORM C-101		CK MOA		IRVIN W	ALL STAT	E COM	
PROPOSALS.)	_			_	,-	SV	En	8 Well	Number			
1. Type of Well		<u>x</u> (Gas Well	Other			-0				01	
	oduction Con	npany							UD Numb 228937			
3. Address of O	•							10. Pool name or Wildcat				
5400 LBJ F	reeway, Ste	1500	, Dallas, 1	FX 75240				WC-025	G-08 S23	3528D;L	<u>NR BONE</u>	SPRING
4. Well Locatio	n											
Unit Le	etter P	_:_	278	feet from th	e <u>S</u>		line and	846	feet from	m the	E	line
Section	32			Township		lange	35E	NMPM		Count	LEA	
			11. Eleva	tion (Show	whether D	R, <i>RKB</i> ,	RT, GR, etc.,)				
		ې الهرخکم د د		3	452 GR							!
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN						SEQUE K LLING OF		PORT	ING CASI	NG 🗌		
DOWNHOLE CO												
CLOSED-LOOP OTHER:	SYSTEM				П	ОТН			T PROE			ты 🗔
	e proposed or	comple	ted operat	ions. (Clea	rlv state all			d give per	tinent date	es. includ	ling estim	nated date
of startir	ng any proposid completion of	ed wor	k). ŠĒE R									
•							4 40001 4	4 4 9 9 9				
Correcting reported set depth for 5.5 production casing from 14903' to 14866'.												
						F						
Spud Date:	00/01/11			Ri	g Release D	Date:	-	0.0-1				
	02/21/19					03/27/19						
I hereby certify th	hat the inform	ation a	bove is tru	e and com	lete to the	best of	my knowledg	e and beli	ief.			
				· · · · · · · · · · · · · · · · · · ·								

SIGNATURE ava Mome		Sr. Regulatory Analyst	DATE 9/5/19
Type or print name Ava Monroe For State Use Only	_ E-mail ad	dress: amonroe@matadorres	ources. PHONE: <u>972-371-5218</u>
APPROVED BY:	TİTLE	L.M.	DATE 9/12/2019