

# NM OIL CONSERVATION

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  
**OIL CONSERVATION DIVISION**  
 1220 South St. Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-015-43842</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>B BANKER 33 23S 28E RB</b>	
8. Well Number <b>206H</b>	
9. OGRID Number <b>228937</b>	
10. Pool name or Wildcat <b>PURPLE SAGE; WOLFCAMP (GAS)</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3060' GR</b>	

<b>SUNDY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator <b>MATADOR PRODUCTION COMPANY</b>	
3. Address of Operator <b>5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240</b>	
4. Well Location Unit Letter <b>H</b> : <b>1841</b> feet from the <b>N</b> line and <b>145</b> feet from the <b>E</b> line Section <b>33</b> Township <b>23S</b> Range <b>28E</b> NMPM County <b>EDDY</b>	

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

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

STRING/RUN	HOLE SZ	CSG SZ/TYPE	CSG WT	SET DEPTH	SXS CMT	CLASS	TOC	SXS TO SURF	METHOD	CSG TEST PSI	Csg Test DUR/PASS
SURF - 04/17/17	17.500	13.375/J55	54.50	514	503	C	0	110	CIRC	1000	30 MIN/GOOD
INT 1 - 04/23/17	12.250	9.625/J55	40.00	2700	905	C	0	117	CIRC	1350	30 MIN/GOOD
INT 2 TOP - 04/28/17	8.750	7.625/P110	29.70	2453	753	TXI	1030	0.0	CALC	1500	30 MIN/GOOD
INT 2 MID - 04/28/17	8.750	7.625/P110	29.70	9801	-	-	-	-	-	1500	30 MIN/GOOD
INT 2 BTM - 04/28/17	8.750	7.0/P110	29.00	10815	-	-	-	-	-	1500	30 MIN/GOOD
PROD TOP - 05/06/17	6.125	5.5/P110	20.00	9655	510	H	9800	-	CALC	6100	30 MIN/GOOD
PROD BTM - 05/06/17	6.125	4.5/P110	13.50	15329	-	-	-	-	-	6100	30 MIN/GOOD

\*NOTE: INTERMEDIATE & PRODUCTION STRINGS TAPERED.

Spud Date: 04/17/17      Rig Release Date: 05/07/17

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 Tech DATE 06/28/17  
amonroe@matadorresources.com  
 Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-271-5218  
**For State Use Only**

APPROVED BY: *[Signature]* TITLE Staff Mgr DATE 8-8-17  
 Conditions of Approval (if any):