

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-104  
Revised Feb. 26, 2007

Submit to Appropriate District Office  
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Matador Production Company 5400 LEJ Freeway, Suite 1500 Dallas, TX 75240		<sup>2</sup> OGRID Number 228937
<sup>3</sup> Reason for Filing Code/ Effective Date New Production		
<sup>4</sup> API Number 30 - 015-44170	<sup>5</sup> Pool Name Russell; Bone Spring	<sup>6</sup> Pool Code 52805
<sup>7</sup> Property Code 317746	<sup>8</sup> Property Name Stebbins 19 Fed Com	<sup>9</sup> Well Number 123H

II. <sup>10</sup> Surface Location

UL or lot I	Section 19	Township 20S	Range 29E	Lot Idn	Feet from the 2317'	North/South South Line	Feet from the 410'	East/West line East	County Eddy
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<sup>11</sup> Bottom Hole Location

UL or lot L	Section 19	Township 20S	Range 29E	Lot Idn 3	Feet from the 1836'	North/South line South Line	Feet from the 214'	East/West line West	County Eddy
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<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date Flare	<sup>15</sup> C-129 Permit Number 373224	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
16696	Occidental Energy Marketing, P.O. Box 27570 Houston, TX 77227-7570	O
151618	Enterprise Products 2727 N. Loop W., Suite 700, Houston, TX 77008	G
NM OIL CONSERVATION ARTESIA DISTRICT DEC 04 2018 RECEIVED		

IV. Well Completion Data

<sup>21</sup> Spud Date 10/19/2017	<sup>22</sup> Ready Date 12/04/2017	<sup>23</sup> TD 12,470'/7740'	<sup>24</sup> PBDT 12,354'	<sup>25</sup> Perforations 8,096'-12,259'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size 26"	<sup>28</sup> Casing & Tubing Size 20"	<sup>29</sup> Depth Set 400'	<sup>30</sup> Sacks Cement 1,400		
17 1/2"	13 3/8"	1,209'	1,360 - Cure		
12 1/4"	9 5/8"	3,091'	1,380 - Cure		
8 1/2"	5 1/2"	12,447'	2,528 - Cure		

V. Well Test Data

<sup>31</sup> Date New Oil 12/4/2017	<sup>32</sup> Gas Delivery Date Flare	<sup>33</sup> Test Date 1/13/2018	<sup>34</sup> Test Length 24	<sup>35</sup> Tbg. Pressure n/a	<sup>36</sup> Csg. Pressure 2900
<sup>37</sup> Choke Size 34/64	<sup>38</sup> Oil 909	<sup>39</sup> Water 1,471	<sup>40</sup> Gas 616	<sup>41</sup> Test Method ESP	

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Tammy Link*

Printed name: Tammy Link

Title: Production Analyst

E-mail Address: tlink@matadorresources.com

Date: 11/30/2018

Phone: 575-623-6601

OIL CONSERVATION DIVISION

Approved by:

*Rustyn Kline*  
Business Ops Spec A  
12-31-2018

Title:

Approval Date:

Pending BLM approvals will  
subsequently be reviewed  
and scanned

Form 3160-4  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT*Amended*

## WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold\* fields are required.

NM OIL CONSERVATION  
ARTESIA DISTRICT

Section 1 - Completed by Operator		DEC 04 2018
1. BLM Office* Carlsbad, NM	2. Well Type* OIL	RECEIVED
3. Completion Type* New Well		
Operating Company Information		
4. Company Name* MATADOR PRODUCTION COMPANY		
5. Address* 5400 LBJ FREEWAY, SUITE 1500 DALLAS TX 75240	6. Phone Number* 575-623-6601	
Administrative Contact Information		
7. Contact Name* TAMMY R LINK	8. Title* PRODUCTION ANALYST	
9. Address* 108 S. 4TH ARTESIA NM 88210	10. Phone Number* 575-627-2465	
	11. Mobile Number	
12. E-mail* tlink@matdorresources.com	13. Fax Number	
Technical Contact Information		
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.		
14. Contact Name*	15. Title*	
16. Address*	17. Phone Number*	
	18. Mobile Number	
19. E-mail*	20. Fax Number	
Surface Location		

Pending BLM approvals will  
subsequently be reviewed  
and scanned*12/31/18*

## 21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract  
 b) State, County, Latitude, Longitude, Metes & Bounds description

<b>State*</b> NM	<b>County or Parish*</b> EDDY			
<b>Section</b> 19	<b>Township</b> 20S	<b>Range</b> 29E	<b>Meridian</b> NEW MEXICO PRINCIPAL	
<b>Qtr/Qtr</b> NESE	<b>Lot #</b> I	<b>Tract #</b> _____	<b>N/S Footage</b> 2317 FSL	<b>E/W Footage</b> 410 FEL
<b>Latitude</b> _____	<b>Longitude</b> _____	<b>Metes and Bounds</b> _____		

## Producing Interval Location

## 22. Specify location or

- ☐ Check here if the producing hole location is the same as the surface location.

<b>State*</b> NM	<b>County or Parish*</b> EDDY			
<b>Section</b> 19	<b>Township</b> 20S	<b>Range</b> 29E	<b>Meridian</b> NEW MEXICO PRINCIPAL	
<b>Qtr/Qtr</b> NWSW	<b>Lot #</b> 3 L-	<b>Tract #</b> _____	<b>N/S Footage</b> 1836 FSL	<b>E/W Footage</b> 214 FWL
<b>Latitude</b> _____	<b>Longitude</b> _____	<b>Metes and Bounds</b> _____		

## Bottom Location

## 23. Specify location or

- ☐ Check here if the bottom hole location is the same as the surface location.

<b>State*</b> NM	<b>County or Parish*</b> EDDY			
<b>Section</b> _____	<b>Township</b> _____	<b>Range</b> _____	<b>Meridian</b> _____	
<b>Qtr/Qtr</b> _____	<b>Lot #</b> _____	<b>Tract #</b> _____	<b>N/S Footage</b> _____	<b>E/W Footage</b> _____
<b>Latitude</b> _____	<b>Longitude</b> _____	<b>Metes and Bounds</b> _____		

## Lease and Agreement

## 24. Lease Serial Number\*

NMNM03677

## 26. If Unit or CA/Agreement, Name and/or Number

## 27. Field and Pool, or Exploratory Area\*

WC-015 G-04 S202920D;BS

## Well

## 28. Well Name\*

STEBBINS 19 FED COM

## 29. Well Number\*

123H

## 30. API Number

30-015-44170

<b>31. Date Spudded</b> 10/10/2017	<b>32. Date T.D. Reached</b> 11/01/2017	<b>33. Date Completed</b> 12/04/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	<b>34. Elevations (DF, RKB, RT, GL)</b> 3247 Ground Level
<b>35. Total Depth:</b> <div style="text-align: right;">MD 12470 TVD 7740</div>	<b>36. Plug Back Total Depth:</b> <div style="text-align: right;">MD 12354 TVD _____</div>	<b>37. Depth Bridge Plug Set:</b> <div style="text-align: right;">MD _____ TVD _____</div>	
<b>38. Type Electric &amp; Other Mechanical Logs Run</b> <i>(Submit copy of each)</i> ALREADY SUBMITTED ELECTRONICALLY ON 1/25/2018		<b>39.</b> Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Copy)	

40. Casing and Liner Record <i>(Report all strings set in well)</i>											
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled	
26	20	K-55	95	0	400	_____	1400	_____	0	_____	
17.5	13.375	J-55	54.5	0	1209	_____	1360	_____	0	_____	
12.25	9.625	J-55	40	0	3091	_____	1380	_____	0	_____	
8.75	5.5	P-110	20	0	12447	_____	2528	_____	0	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
_____	_____	_____	A) BONE SPRING	8096	12259
_____	_____	_____	B) _____	_____	_____
_____	_____	_____	C) _____	_____	_____
_____	_____	_____	D) _____	_____	_____

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
8096	12259	0.4	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
8096	12259	_____

368 BBLs ACID, TOTAL CLEAN FLUID 159,936 BBLs, 100 MESH 697,000 LBS, 20/40 MESH 11,152,017 LBS,	
TOTAL PROPPANT 11,899,017 LBS. IN 17 STAGES.	

45. Production Method and Well Status for Production Intervals	
Production Method Gas Pumping Unit	Well Status (Please Choose Status)

46. Production - Interval A								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
12/04/2017	01/13/2018	24	>>>>>	909	616	1471		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
34/64		2900	>>>>>	909	616	1471		

47. Production - Interval B								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

48. Production - Interval C								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

49. Production - Interval D								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

50. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold
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51. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof. Cored intervals and
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all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 52. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
AVALON	6080	6240	O&G		
AVALON SHALES	6420	6550			3273
BONE SPRING 2ND SAND	8300		TD	DELAWARE	3000
				BUSHY CN	4050
				BONE SPRING LS	5785
				1ST BONE SPRING SAND	7040
				2ND BONE SPRING SAND	7190
				2ND BONE SPRING SAND	7505

## 53. Additional remarks (include plugging procedure):

This is an Amended Report with some corrections requested by OCD.

## 54. Indicate which items have been attached by placing a check in the appropriate boxes:

<input type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.)	<input type="checkbox"/> Geologic Report	<input type="checkbox"/> DST Report	<input type="checkbox"/> Directional Survey
<input type="checkbox"/> Sundry Notice for plugging and cement verification	<input type="checkbox"/> Core Analysis	<input type="checkbox"/> Other:	
I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*			
<b>55. Name</b> TAMMY R LINK	<b>56. Title</b> PRODUCTION ANALYST		
<b>57. Date*</b> (MM/DD/YYYY) 12/04/2018 <input type="button" value="Today"/>	<b>58. Signature*</b> <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>		
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.			

### Section 2 - System Receipt Confirmation

<b>59. Transaction</b> 446403	<b>60. Date Sent</b> 12/04/2018	<b>61. Processing Office</b> Carlsbad, NM
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### Section 3 - Internal Review #1 Status

<b>62. Review Category</b> _____	<b>63. Date Completed</b> _____	<b>64. Reviewer Name</b> _____
<b>65. Comments</b> _____		

### Section 4 - Internal Review #2 Status

<b>66. Review Category</b> _____	<b>67. Date Completed</b> _____	<b>68. Reviewer Name</b> _____
<b>69. Comments</b> _____		

### Section 5 - Internal Review #3 Status

<b>70. Review Category</b> _____	<b>71. Date Completed</b> _____	<b>72. Reviewer Name</b> _____
<b>73. Comments</b> _____		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments  		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments  			

### INSTRUCTIONS

**GENERAL:** This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

**ITEMS 24, 22, and 23:** Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

**ITEM 34:** Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**ITEM 40:** Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

### PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY:** 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.