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. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-015-45442

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: FAULK SWD

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD-1846

8. Well Number 7

2. Name of Operator: BLACK RIVER WATER MANAGEMENT COMPANY

9. OGRID Number 371287

3. Address of Operator: 5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

10. Pool name or Wildcat: DEVONIAN (96101)

4. Well Location
Unit Letter P : 161 feet from the S line and 515 feet from the E line
Section 32 Township 22S Range 28E NMPM County EDDY

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*) 3026' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☒	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			OTHER:			☐

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.

SWD - 1846

Please change the casing and cementing program according to the highlighted areas on the attached.

Spud Date: | Rig Release Date:

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

SIGNATURE Ava Monroe TITLE Sr. Regulatory Analyst DATE 06/18/19

Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

For State Use Only

APPROVED BY: Raymond Phillips TITLE Geologist DATE 8-12-19

Conditions of Approval (if any):

91 7199 9991 7038 9663 3917

SWD-1846 30-015-45442

Well Name: Faulk SWD #7

STRING	FLUID TYPE	HOLE SZ	CSG SZ	CSG GRADE	CSG WT	DEPTH SET	TOP CSG	TTL SX CEMENT	EST TOC	ADDITIONAL INFO FOR CSG/CMT PROGRAM (Optional)
SURF	FRESH WTR	26	20	J-55	94.00	550	0	1100	0	
INT 1	BRINE	17.5	13.375	J-55	54.50	2600	0	2200	0	
INT 2	CUT BRINE	12.25	9.625	P-110	40.00	10400	0	2400	0	
PROD	MUD	8.75	7.625	P-110	39.00	13762	9900	200	9900	Liner Hanger at 9900'

* All previous COA and Administrative Orders will be followed

Changes are highlighted in Yellow

RMP 8-12-18