

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-31037

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
VB-0382

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  
Matador 28 State

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
Matador Operating Company

3. Address of Operator  
801 S. Fillmore, Suite 460, Amarillo, TX 79101

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 28 Township 18S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3790' GL

11. 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. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

OTHER: Spud well ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-8-90: Spudded well @ 10:00 A.M.

11-8/9-90: Drilled 17-1/2" hole to 395'. Ran 9 joints 13-3/8" H-40, 48-lb. ST&C new Lone Star surface casing to 395'. Used Halliburton to cement with 400 sx Class "C" with 2% CaCl. Had good returns and circulated 70 sx to pit. Plug down @ 10:00 P.M. 11-8-90. WOC 12 hrs. and tested 13-3/8" casing & BOP to 1000 psig for 30 min. Held OK with no leaks.

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

SIGNATURE Les M. Carnes TITLE Executive Vice President DATE 11-12-90

TYPE OR PRINT NAME Les M. Carnes

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY ABBY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: