

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 252638<br>WELL API NUMBER<br>30-015-44324<br>5. Indicate Type of Lease<br>P<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>SST 6 STATE |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | 8. Well Number<br>124H                                                                                                                                                                                        |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 2. Name of Operator<br>MATADOR PRODUCTION COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 9. OGRID Number<br>228937                                                                                                                                                                                     |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 3. Address of Operator<br>One Lincoln Centre, 5400 Lbj Freeway Ste 1500, Dallas, TX 75240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                      |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>499</u> feet from the <u>S</u> line and feet <u>185</u> from the <u>E</u> line<br>Section <u>6</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3386 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                               | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF: |                         | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                         |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                        | ALTER CASING <input type="checkbox"/>     |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                              | PLUG AND ABANDON <input type="checkbox"/> |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                    |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>                                                                                                                                             |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 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 1103. For Multiple Completions:<br>Attach wellbore diagram of proposed completion or recompletion.<br>Reporting casing and cementing - actual. <b>2/20/2018</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>02/20/18</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>220</td> <td>395</td> <td>741</td> <td>1.348</td> <td>C</td> <td></td> <td>910</td> <td>0</td> <td>N</td> </tr> <tr> <td>02/20/18</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>210</td> <td>395</td> <td>400</td> <td>1.348</td> <td>C</td> <td>220</td> <td>910</td> <td>0</td> <td>N</td> </tr> <tr> <td>02/20/18</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>0</td> <td>395</td> <td>400</td> <td>1.348</td> <td>C</td> <td>210</td> <td>910</td> <td>0</td> <td>N</td> </tr> <tr> <td>02/24/18</td> <td>Int1</td> <td>Brine</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J55</td> <td>0</td> <td>2416</td> <td>831</td> <td>1.38</td> <td>C</td> <td></td> <td>1317</td> <td>0</td> <td>N</td> </tr> <tr> <td>03/06/18</td> <td>Prod</td> <td>CutBrine</td> <td>8.75</td> <td>5.5</td> <td>20</td> <td>P110</td> <td>500</td> <td>12240</td> <td>2186</td> <td>1.35</td> <td>TXI</td> <td></td> <td>5010</td> <td>80</td> <td>N</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                               | Date                                      | String                       | Fluid Type            | Hole Size               | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 02/20/18     | Surf | FreshWater                                                        | 17.5 | 13.375 | 54.5 | J55 | 220 | 395 | 741 | 1.348 | C |  | 910 | 0 | N | 02/20/18 | Surf | FreshWater | 17.5 | 13.375 | 54.5 | J55 | 210 | 395 | 400 | 1.348 | C | 220 | 910 | 0 | N | 02/20/18 | Surf | FreshWater | 17.5 | 13.375 | 54.5 | J55 | 0 | 395 | 400 | 1.348 | C | 210 | 910 | 0 | N | 02/24/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 0 | 2416 | 831 | 1.38 | C |  | 1317 | 0 | N | 03/06/18 | Prod | CutBrine | 8.75 | 5.5 | 20 | P110 | 500 | 12240 | 2186 | 1.35 | TXI |  | 5010 | 80 | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                    | Hole Size                                 | Csg Size                     | Weight lb/ft          | Grade                   | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 02/20/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                    | 17.5                                      | 13.375                       | 54.5                  | J55                     | 220                                            | 395                                       | 741                                    | 1.348                                 | C                                            |                                          | 910                                              | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 02/20/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                    | 17.5                                      | 13.375                       | 54.5                  | J55                     | 210                                            | 395                                       | 400                                    | 1.348                                 | C                                            | 220                                      | 910                                              | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 02/20/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                    | 17.5                                      | 13.375                       | 54.5                  | J55                     | 0                                              | 395                                       | 400                                    | 1.348                                 | C                                            | 210                                      | 910                                              | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 02/24/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                         | 12.25                                     | 9.625                        | 40                    | J55                     | 0                                              | 2416                                      | 831                                    | 1.38                                  | C                                            |                                          | 1317                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| 03/06/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Prod                                                                                                                                                                          | CutBrine                                                                                                                                                                                                      | 8.75                                      | 5.5                          | 20                    | P110                    | 500                                            | 12240                                     | 2186                                   | 1.35                                  | TXI                                          |                                          | 5010                                             | 80                                        | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| <table style="width:100%;"> <tr> <td style="width:20%;">SIGNATURE</td> <td style="width:30%;"><u>Electronically Signed</u></td> <td style="width:20%;">TITLE</td> <td style="width:20%;"><u>Engineering Tech</u></td> <td style="width:10%;">DATE</td> <td style="width:10%;"><u>5/18/2018</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Ava Monroe</u></td> <td>E-mail address</td> <td><u>amonroe@matadorresources.com</u></td> <td>Telephone No.</td> <td><u>972-371-5218</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                               | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                 | <u>Engineering Tech</u> | DATE                                           | <u>5/18/2018</u>                          | Type or print name                     | <u>Ava Monroe</u>                     | E-mail address                               | <u>amonroe@matadorresources.com</u>      | Telephone No.                                    | <u>972-371-5218</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                         | <u>Engineering Tech</u>                   | DATE                         | <u>5/18/2018</u>      |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Ava Monroe</u>                                                                                                                                                             | E-mail address                                                                                                                                                                                                | <u>amonroe@matadorresources.com</u>       | Telephone No.                | <u>972-371-5218</u>   |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Ranell Klein</u> TITLE _____ DATE <u>5/18/2018 1:21:00 PM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                               |                                           |                              |                       |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |     |     |     |       |   |  |     |   |   |          |      |            |      |        |      |     |     |     |     |       |   |     |     |   |   |          |      |            |      |        |      |     |   |     |     |       |   |     |     |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |     |    |      |     |       |      |      |     |  |      |    |   |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
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Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments  
  
Permit 252638

**DRILLING COMMENTS**

|                                                                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------|
| Operator:<br>MATADOR PRODUCTION COMPANY<br>One Lincoln Centre<br>Dallas, TX 75240 | OGRID:<br>228937         |
|                                                                                   | Permit Number:<br>252638 |
|                                                                                   | Permit Type:<br>Drilling |

**Comments**

| Created By | Comment                                                                                                                                                                                                                 | Comment Date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| amonroe    | All casing pressure tests for a duration of 30 min. All tests good. Surface casing cement job had two top outs.Both times top of cement was "tagged" but is reflected as "calculated" because of the pick list choices. | 5/18/2018    |
| amonroe    | Second top out on surface casing cement job circulated 46 sacks back to surface.                                                                                                                                        | 5/18/2018    |