

| <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 253077<br>WELL API NUMBER<br>30-015-44743<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>BRANTLEY STATE COM 13 24<br>27 RB |                                           |                              |                              |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|------------------------------|-------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-----------|--------------|------|-------------------------------------------------------------------|------|--------|------|-----|---|-----|-----|------|---|--|------|---|---|----------|------|-------|-------|-------|----|-----|---|------|-----|------|---|--|------|---|---|----------|------|----------|------|-------|------|------|---|------|-----|------|-----|--|------|---|---|----------|------|----------|------|---|----|------|---|------|-----|------|-----|--|------|---|---|----------|------|-------------|-------|-----|----|------|------|------|-----|------|---|--|------|----|---|----------|------|-------------|-------|-----|------|--|------|-------|-----|------|---|--|------|----|---|
| <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>G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 8. Well Number<br>211H                                                                                                                                                                                                              |                                           |                              |                              |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 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>1</u> : <u>662</u> feet from the <u>N</u> line and feet <u>187</u> from the <u>W</u> line<br>Section <u>18</u> Township <u>24S</u> Range <u>28E</u> NMPM _____ County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                           |                              |                              |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3090 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">NOTICE OF INTENTION TO:</td> <td colspan="2">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: Attach wellbore diagram of proposed completion or recompletion.<br>Reporting actual casing and cementing <u>4/10/2018</u> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                           |                              |                              |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <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>04/10/18</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>484</td> <td>592</td> <td>1.33</td> <td>C</td> <td></td> <td>1000</td> <td>0</td> <td>N</td> </tr> <tr> <td>04/13/18</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>2511</td> <td>849</td> <td>1.38</td> <td>C</td> <td></td> <td>1350</td> <td>0</td> <td>N</td> </tr> <tr> <td>04/19/18</td> <td>Int2</td> <td>CutBrine</td> <td>8.75</td> <td>7.625</td> <td>29.7</td> <td>P110</td> <td>0</td> <td>8738</td> <td>778</td> <td>1.37</td> <td>TXI</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> <tr> <td>04/19/18</td> <td>Int2</td> <td>CutBrine</td> <td>8.75</td> <td>7</td> <td>29</td> <td>P110</td> <td>0</td> <td>9644</td> <td>778</td> <td>1.37</td> <td>TXI</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> <tr> <td>04/25/18</td> <td>Prod</td> <td>OilBasedMud</td> <td>6.125</td> <td>5.5</td> <td>20</td> <td>P110</td> <td>8600</td> <td>8712</td> <td>526</td> <td>1.17</td> <td>H</td> <td></td> <td>5195</td> <td>55</td> <td>N</td> </tr> <tr> <td>04/25/18</td> <td>Prod</td> <td>OilBasedMud</td> <td>6.125</td> <td>4.5</td> <td>13.5</td> <td></td> <td>8600</td> <td>14385</td> <td>526</td> <td>1.17</td> <td>H</td> <td></td> <td>5195</td> <td>55</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 | 04/10/18     | Surf | FreshWater                                                        | 17.5 | 13.375 | 54.5 | J55 | 0 | 484 | 592 | 1.33 | C |  | 1000 | 0 | N | 04/13/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 0 | 2511 | 849 | 1.38 | C |  | 1350 | 0 | N | 04/19/18 | Int2 | CutBrine | 8.75 | 7.625 | 29.7 | P110 | 0 | 8738 | 778 | 1.37 | TXI |  | 1500 | 0 | N | 04/19/18 | Int2 | CutBrine | 8.75 | 7 | 29 | P110 | 0 | 9644 | 778 | 1.37 | TXI |  | 1500 | 0 | N | 04/25/18 | Prod | OilBasedMud | 6.125 | 5.5 | 20 | P110 | 8600 | 8712 | 526 | 1.17 | H |  | 5195 | 55 | N | 04/25/18 | Prod | OilBasedMud | 6.125 | 4.5 | 13.5 |  | 8600 | 14385 | 526 | 1.17 | H |  | 5195 | 55 | 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                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/10/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                                          | 17.5                                      | 13.375                       | 54.5                         | J55                     | 0                                              | 484                                       | 592                                    | 1.33                                  | C                                            |                                          | 1000                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/13/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                                               | 12.25                                     | 9.625                        | 40                           | J55                     | 0                                              | 2511                                      | 849                                    | 1.38                                  | C                                            |                                          | 1350                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/19/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Int2                                                                                                                                                                          | CutBrine                                                                                                                                                                                                                            | 8.75                                      | 7.625                        | 29.7                         | P110                    | 0                                              | 8738                                      | 778                                    | 1.37                                  | TXI                                          |                                          | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/19/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Int2                                                                                                                                                                          | CutBrine                                                                                                                                                                                                                            | 8.75                                      | 7                            | 29                           | P110                    | 0                                              | 9644                                      | 778                                    | 1.37                                  | TXI                                          |                                          | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/25/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prod                                                                                                                                                                          | OilBasedMud                                                                                                                                                                                                                         | 6.125                                     | 5.5                          | 20                           | P110                    | 8600                                           | 8712                                      | 526                                    | 1.17                                  | H                                            |                                          | 5195                                             | 55                                        | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| 04/25/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prod                                                                                                                                                                          | OilBasedMud                                                                                                                                                                                                                         | 6.125                                     | 4.5                          | 13.5                         |                         | 8600                                           | 14385                                     | 526                                    | 1.17                                  | H                                            |                                          | 5195                                             | 55                                        | 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 NMOCD 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>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Engineering Tech</u></td> <td>DATE</td> <td><u>6/22/2018</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>6/22/2018</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>6/22/2018</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><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Raymond Podany</u></td> <td>TITLE</td> <td><u>Geologist</u></td> <td>DATE</td> <td><u>6/22/2018 11:07:46 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                                     | APPROVED BY:                              | <u>Raymond Podany</u>        | TITLE                        | <u>Geologist</u>        | DATE                                           | <u>6/22/2018 11:07:46 AM</u>              |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |     |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |          |      |       |      |      |   |      |     |      |     |  |      |   |   |          |      |          |      |   |    |      |   |      |     |      |     |  |      |   |   |          |      |             |       |     |    |      |      |      |     |      |   |  |      |    |   |          |      |             |       |     |      |  |      |       |     |      |   |  |      |    |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Raymond Podany</u>                                                                                                                                                         | TITLE                                                                                                                                                                                                                               | <u>Geologist</u>                          | DATE                         | <u>6/22/2018 11:07:46 AM</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**  
1000 Rio Brazos Rd., Aztec, NM 87410  
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 253077

**DRILLING COMMENTS**

|                                                                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------|
| Operator:<br>MATADOR PRODUCTION COMPANY<br>One Lincoln Centre<br>Dallas, TX 75240 | OGRID:<br>228937         |
|                                                                                   | Permit Number:<br>253077 |
|                                                                                   | Permit Type:<br>Drilling |

**Comments**

| Created By | Comment                                                        | Comment Date |
|------------|----------------------------------------------------------------|--------------|
| amonroe    | All casing tests for a duration of 30 minutes; all tests good. | 6/22/2018    |