

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**RECEIVED**  
 MAR 20 2020  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**EMERGENCY ARTESIA**

Form C-103  
 Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. • 30-015-46131
2. Name of Operator <b>MATADOR PRODUCTION COMPANY</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240</b>		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>M</u> : <u>197</u> feet from the <u>S</u> line and <u>126</u> feet from the <u>W</u> line Section <u>4</u> Township <u>23S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name <b>JACK SLEEPER STATE COM 9 16 23S 28E</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3014' GR</b>		8. Well Number <b>201H</b> 9. OGRID Number <b>228937</b> 10. Pool name or Wildcat

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Perforate, fracture treat, produce</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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 11/16/19 Open well for 30 min. casing integrity test to 5346 psi, dropped 58 psi. Good test. WSI awaiting frac ops. **Which casing was tested? Open well???**
- 12/03/19 OW to frac Wolfcamp formation 9970' - 19748' with 27,504,390 lbs sand in 48 stages.
- 12/30/19 Fracture treatment complete. Well secured and SI for operations on adjacent wells.
- 01/07/20 Open well, bleed off to 0 psi. Begin milling plugs.
- 01/09/20 Finish milling plugs. Well secured and SI awaiting flowback ops. SICP 2300 psi.
- 01/19/20 Open well to flowback on 12/64" positive ck. SICP: 2500 psi. Well begins to produce.

\* Requesting tubing installation exception delay to allow for post-fracture pressure to decline, well to clean up and allow for safe installation.

TVD/MD: 9483/19892

Well reached TD 08/28/19

Spud Date:

07/13/19

Rig Release Date:

08/31/19

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

SIGNATURE

*Ava Monroe*

TITLE Sr Regulatory Analyst

DATE 03/17/2020

Type or print name Ava Monroe

E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

For State Use Only

**DENIED**

**DENIED**

APPROVED BY:

TITLE

DATE gc 4/9/20

Conditions of Approval (if any):