

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-43389
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JIMMY KONE 5 24S 28E RB
8. Well Number 208H
9. OGRID Number 228937
10. Pool name or Wildcat CULEBRA BLUFF; WOLFCAMP, SOUTH (GAS)

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 Gas Well Other

2. Name of Operator
MATADOR PRODUCTON COMPANY

3. Address of Operator
5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240

4. Well Location
 Unit Letter M : 131 feet from the SOUTH line and 380 feet from the EAST line
 Section 4 Township 24S Range 28E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3034'

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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: Fracture Treat/Flowback <input checked="" type="checkbox"/>	
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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.

04/22/2016	Test casing to 6800 psi. Test good.
04/23 - 04/27/2016	Perf, fracture treat Wolfcamp @ 9,708 - 14,294' in 22 stages; 6 clusters; 5 holes @ 0.40" with 13,296,150 lbs sand. Secure and SI well for drill out on #228H.
04/29 - 04/30/2016	Mill out plugs.
05/01/2016	Turn well to flowback.

Spud Date: 01/09/2016

Rig Release Date: 02/17/2016

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

SIGNATURE Ava Monroe TITLE Sr. Engineering Technician DATE 05/18/2016

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

For State Use Only

APPROVED BY: [Signature] TITLE "Geologist" DATE 7/12/16
 Conditions of Approval (if any):