

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. 30-015-43973
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 Janie Conner 13 24S 28E RB
8. Well Number 203H
9. OGRID Number 228937
10. Pool name or Wildcat Purple Sage; Wolfcamp(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 Production Company

3. Address of Operator
5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

4. Well Location
Unit Letter I : 1482 feet from the S line and 190 feet from the E line
Section 14 Township 24S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2974' GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER: Delay tbg. installation

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- OTHER:

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.

Proposing to delay tubing installation in order for well to clean up after fracture treatment and to determine by observing well as to what type of artificial lift (if necessary) will be required.

RECEIVED

MAY 16 2018

DISTRICT II-ARTESIA O.C.D.

Spud Date:

11/28/17

Rig Release Date:

12/15/17

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 Tech DATE 05/14/18

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

APPROVED BY: Rusty Helm TITLE Business Manager DATE 5-21-2018
Conditions of Approval (if any)