Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District 1 – (575) 393-6161	Energy, Minerals and Natural Resou	urces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISI	ON <u>30-015-44595</u> 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK T LICATION FOR PERMIT" (FORM C-101) FOR SUCH	JIMMY KONE 05 24S 28E RB
PROPOSALS.)		8. Well Number 221H
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🗶 Other	9. OGRID Number
MATADOR PRODUCTIO	DN COMPANY	228937
3. Address of Operator		10. Pool name or Wildcat
4. Well Location	, STE 1500, DALLAS, TX 7524	40
Unit Letter H	: 874 feet from the N line	e and 225feet from theline
Section 5	Township 24S Range 28	
	11. Elevation (Show whether DR, RKB, RT	
	3056' GR	
12 Cheel	Appropriate Pox to Indicate Nature of	Notice Report or Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
_	INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [DIAL WORK
OTHER:	OTHER 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.		
Correction to the submission of the drilling sundry for reporting of actual cement and casing		
for the 4.5" production casing. Hole size is 6.125".		
		RECEIVED
		JUN 2 8 2018
		DISTRICT II-ARTESIA O.C.D.
	[
Spud Date: 02/11/18	Rig Release Date:	03/29/18
I hereby certify that the information	on above is true and complete to the best of my	knowledge and belief
Thereby certify that the information	in above is the and complete to the best of my	knowledge and benef.
SIGNATURE QUAM		DATE 06/27/19
SIGNATURE CUR M	TITLE	DATE 06/27/18
Type or print name	E-mail address:	PHONE:972-271-5218
For State Use Only		
APPROVED BY: Kaster	Klin TITLE OUSINES	Dar A DATE 6.30-2018
Conditions of Approval (if any):		ymperio on contraction of the
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