

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

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. 30-015-42703
2. Name of Operator MATADOR PRODUCTION COMPANY		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>331</u> feet from the <u> </u> <u>N</u> line and <u>330</u> feet from the <u> </u> <u>W</u> line Section <u>23</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name COLONEL R HOWARD COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3133' GR		8. Well Number <u>001</u> 9. OGRID Number <u>228937</u> 10. Pool name or Wildcat CARLSBAD;MORROW, SOUTH(GAS)

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: Perforate, acidize, produce <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.

11/8/2018 Perforate 12415' - 12380'
 11/9/2018 TIH W/TBG AND PACKER. PKR @ 12362' W/10K COMPRESSION TESTED TO 5,000 PSI. GOOD TEST.
 " RU ACID EQUIP, FILLED TBG WITH 15% NEFE HCL TO END OF BURST DISC IN PKR. PRESSURED UP TO BREAK DISC.
 " ACID JOB IN 3 X 2500 GAL STAGES SEPARATED W/1 BAG 7/8" BIO BALLS ON FIRST TWO STAGES.
 " FLUSHED W/30 BBLs 2% KCL. UNDER DISPLACED TO PREVENT WATER FROM CONTACTING FORMATION. WSI.
 11/12/2018 SET CIBP @ 12320'. TESTED PLUG TO 500 PSI GOOD TEST. BLEED OFF & TIH W/ 2 3/8" TBG W/COLLAR ON BOTTOM OPEN ENDED TO 12,186'
 " SECURED AND SDFN. WO VENDOR EQUIP.
 11/14/2018 RU ACID EQUIP. OW. CIRC. 30 GAL 15% NEFE HCL DOWN TBG FOLLOWED BY 47 BBLs 2% KCL; SPOTTED ACROSS FORMATION F/12179' - 11994'.
 " PERFORATE 12,179' - 11994'. WSI.
 11/15/2018 TIH W/TBG AND PACKER. PKR @ 11972' W/10K COMPRESSION TESTED TO 5,000 PSI. GOOD TEST.
 " LOAD TBG W/ 15% NEFE & PRESSURED UP TO BURST PKR DISC. PUMP 3 X 2500 GAL. STAGES SEPARATED W/1 BAG 7/8" BIO BALLS ON FIRST TWO STAGES.
 " FLUSHED W/ 44 BBLs 2% KCL, UNDER DISPLACED TO PREVENT WATER FROM CONTACTING FORMATION. SD PUMP, PERFORM ISIP. HELD @ 1100 PSI.
 " OPENED WELL TO FLOWBACK. 0 PSI. WSI FOR BUILDUP.
 11/16/2018 RU SWAB UNIT. SWABBED WELL. OPEN WELL TO TANKS.
 11/17/2018 WELL BEGINS TO PRODUCE.

RECEIVED

JUN 27 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date: 9/3/18

Rig Release Date: 9/13/18

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 6/26/19

Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only

APPROVED BY: [Signature] TITLE Staff mg. DATE 7/19/19
 Conditions of Approval (if any): _____