

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

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

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.)		WELL API NO. 30-015-45301
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD-1709		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Black River Water Management Company, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240		7. Lease Name or Unit Agreement Name PATRIOT SWD
4. Well Location Unit Letter <u>N</u> : <u>100</u> feet from the <u>S</u> line and <u>1960</u> feet from the <u>W</u> line Section <u>9</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		8. Well Number <u>8</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3137' GR		9. OGRID Number 371287
		10. Pool name or Wildcat SWD; Devonian

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Report initial injection</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.

10/22/19 Acid job was pumped with 60k gals 15% HCL Acid with 1,450 lbs TLC 80 B. 1,537.5 bbls Gelled Brine and flushed well with 601 bbls 2% KCl water for a total load of 3,567 bbls. Turned well over to midstream.

RECEIVED

NOV 13 2019

DISTRICT IV-ARTESIA O.C.D.

Spud Date:

04/24/2019

Rig Release Date:

05/20/2019

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 11/5/19

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

APPROVED BY: D. A. [Signature] TITLE compliance officer DATE 11-14-19
Conditions of Approval (if any):