Submit 1 Copy To Appropriate District RECENCE State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 DEC 06 71119	WELL API NO.
	30-015-46446
District III – (505) 334-6178	5. Indicate Type of Lease STATE 🕅 FEE
1000 Rio Brazos Rd., Aztec, NM 87015 FRIGHT Status South Status Fe, NM 87505 District IV (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	32/11/34
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	RAY STATE COM
1. Type of Well: Oil Well Gas Well X Other	8. Well Number 224H
2. Name of Operator MATADOR PRODUCTION COMPANY	9. OGRID Number 228937
3. Address of Operator	10. Pool name or Wildcat
5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240	PURPLE SAGE;WOLFCAMP(GAS)
4. Well Location	FORFEE SAGE, WOEI CAMF (GAS)
Unit Letter A : 981 feet from the N line and 3	17 feet from the E line
	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
2962' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	
PULL OR ALTER CASING	Т ЈОВ
OTHER: Spud Notice I OTHER:	L
13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or recompletion.	inpletions. Attach wendore diagram of
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Spud Date:       11/29/19       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledge         SIGNATURE	
Spud Date:       11/29/19       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledge         SIGNATURE       Max Monroe       TITLE_Sr. Regulatory Analy         Type or print name       Ava Monroe       E-mail address: amonroe@matace	stDATE12/03/19 forresources.com PHONE:972-371-5218
Spud Date:       11/29/19       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledg         SIGNATURE       Man Monroe         Type or print name       Ava Monroe         For State Use Only         APPROVED BY:       Man	stDATE12/03/19
Spud Date:       11/29/19       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledge         SIGNATURE       Max Monroe       TITLE_Sr. Regulatory Analy         Type or print name       Ava Monroe       E-mail address: amonroe@matace	stDATE12/03/19 forresources.com PHONE:972-371-5218