

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
RECEIVED
 OIL CONSERVATION DIVISION
 JAN 02 2020
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
EMNRD-OCD ARTESIA

Form C-103
 Revised July 18, 2013

WELL API NO. 30-015-46177
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 DR LANA WHITE COM
8. Well Number 217H
9. OGRID Number 228937
10. Pool name or Wildcat PURPLE SAGE;WOLFCAMP (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2942' GR

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 1 : 1807 feet from the S line and 340 feet from the E line
 Section 13 Township 24S Range 28E NMPM County Eddy

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

10/11/19 Open well to test csg for 30 min. @ 5496 psi; dropped 50 psi. Good test.
 10/21 - 11/2/19 Perforate, fracture treat Wolfcamp 10,200' - 14,780" in 25 stages w/ 12,048,525 lbs sand.
 11/2 - 11/8/19 Mill plugs; WSI for adjacent ops.
 11/11/19 Open well to flowback.
 11/12/19 Well begins to produce.

*All csg tests for a duration of 30 min. All tests good.

Spud Date: 07/19/19 Rig Release Date: 09/05/19

APB

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 1/03/20

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

For State Use Only

APPROVED BY: *Staff MS* TITLE Staff MS DATE 1/9/20
 Conditions of Approval (if any):