

NM OIL CO. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

JAN 28 1994 NM 30395

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Matador Operating Company

3. Address and Telephone No.

415 W. Wall, Ste 1101, Midland, TX (915) 687-5955

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2212 FNL; 660 FWL Sec 6, T16S-R28E

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Callaway Federal #1

9. API Well No.

3001523060

10. Field and Pool, or Exploratory Area

Diamond Mound Morrow Gas

11. County or Parish, State

Eddy, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Restore production
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Put well on line 1-5-94. 1st 24 hours production 49 MCF. Left well on sales line.
Per certified letter (P 574 251 251) dated 12-10-93 received 12-13-93.

14. I hereby certify that the foregoing is true and correct

Signed

Title Operations Manager

Date 1-6-93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: