Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

| Form C-103 |
|----------------|
| Revised 1-1-89 |

| DISTRICT | | | |
|--------------|-------|-----|-------|
| DO D == 1090 | Habbe | NIM | 88240 |

OH CONSERVATION DIVISION

| well api no. 30-015 - 21 | 686 | |
|------------------------------------|----------------|-------|
| 5. Indicate Type of I | Lease STATE | FEE X |
| 6. State Oil & Gas I | ease No. | |

| ISTRICTI O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 | | WELL API NO. 30-015-21686 | | |
|--|---|------------------------------|---------------------------------------|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of Lease STATE FEE X | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | FEB 2.3 1914 | | 6. State Oil & Gas Lease No. | |
| OUNDRY NOTICES | AND REPORTS ON WELL | S | | |
| (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR | ALS TO DRILL OR TO DEEPEN O . USE "APPLICATION FOR PER FOR SUCH PROPOSALS.) | OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name | |
| 1. Type of Well: OIL GAS WELL X | OTHER | | Jerry Nelson, Com. | |
| 2. Name of Operator | | | 8. Well No. | |
| Matador Operating Company | J | | 9. Pool name or Wildcat | |
| 3. Address of Operator | | | Atoka Penn | |
| 415 W. Wall, Ste 1101, Mi | | | | |
| 4. Well Location Unit Letter : 990 | Feet From The North | Line and165 | O Feet From The West Line | |
| Section 14 | Township 18S Rai | nge 26E | NMPM Eddy County | |
| Section 14 | 10. Elevation (Show whether I | DF, RKB, RT, GR, etc.) | | |
| | 3314 GL | | <u> </u> | |
| 11. Check App. | ropriate Box to Indicate N | Nature of Notice, I | Report, or Other Data | |
| NOTICE OF INTEN | | SU | BSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | X ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | NG OPNS. PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | _ | CASING TEST AND | CEMENT JOB | |
| OTHER: | | OTHER: | | |
| 12. Describe Proposed or Completed Operations work) SEE RULE 1103. | | | | |
| 2-4-94: MIRU completion ur 1200' w/ no show c | nit. Release pkr an of gas. SWI for eva | d run swab. R luation. | ecover 80 BF stable @ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | d balief | | |
| I hereby certify that the information above is true and | complete to the best of my knowledge an | O | Manager pate 2-22-94 | |
| SIONATURE SIONATURE | | me <u>Operations</u> | rialiaget DATE L-LL | |
| | | | | |

| I hereby certify that the information Signature | ation above is true and complete to the best of my knowledge and belief. TITLE Operat | ions Manager DATE 2-22-94 |
|---|--|---------------------------|
| TYPE OR PRINT NAME | | TELEPHONE NO. |
| (This space for State Use) APPROVED BY | SUPERVISOR, DISTRICT II | MAR 2 1 1994 |