

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator **Matador Production Company** ✓

3a. Address
PO BOX 1936 ~ ROSWELL NM 88202-1936

3b. Phone No. (include area code)
575.623.6601

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
610' FSL & 990' FEL, Sec. 1 SESE, T18S, R32E ✓

HOBBS OCD
JAN 25 2016
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5. Lease Serial No.
NMNM-44539

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Amoco AG 1 Federal #1 ✓

9. API Well No.
30-025-30472 ✓

10. Field and Pool, or Exploratory Area
Young, Bone Spring

11. County or Parish, State
Lea, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

BLM Bond No. NMB00520
 Surety Bond No. B004230

1. Squeeze perforations @ 8,434'-8,553'
2. Drill out and test squeeze.
 - a. Re-squeeze as necessary.
3. Drillout CIBP @ 9,114'. *See COA*
4. RIH w/tbg & pkr, set pkr @ +/-9,000'.
5. Frac perms @ 9,114'-9,120'
6. POOH w/pkr, RIH w/production tbg, pump & rods. Put well on Production.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

APPROVED
JAN 22 2016
P. J. Fernandez
 BUREAU OF LAND MANAGEMENT
 CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct
 Name (Printed/Typed)

Tammy R. Link

Title **Production Tech**

Signature

Tammy R. Link

Date

01/20/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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Conditions of Approval

Matador Production Co.

Amoco AG 1 Federal #1

API 3002530472

January 22, 2016

1. Surface disturbance beyond the existing pad shall have prior approval.
2. Casing added or replaced requires a prior notice of intent (BLM Form 3160-5) approval of the design.
3. A closed loop system is required. The operator shall properly dispose of drilling/circulating contents at an authorized disposal site. Tanks are required for all operations, no excavated pits.
4. Functional H₂S monitoring equipment shall be on location.
5. A 3000 (3M) Blow Out Prevention Equipment to be used. All BOPE and workover procedures shall establish fail safe well control. A ram system including a blind ram and pipe ram(s) designed to close on all of the work string(s) used is required equipment. Manuel BOP closure (hand wheels) equipment shall be installed regardless of BOP design. Function test the installed BOPE to 500psig when well conditions allow. Related equipment, (choke manifolds, kill trucks, gas vent or flare lines, etc.) shall be employed when needed for reasonable well control requirements.
6. All waste (i.e. trash, salts, chemicals, sewage, gray water, etc.) created as a result of work over operations shall be safely contained and disposed of properly at a waste disposal facility. No waste material or fluid shall be disposed of on the well location or surrounding area. Porto-johns and trash containers will be on-location during fracturing operations or any other crew-intensive operations.
7. **Perform a charted casing integrity test** BEFORE fracing perfs at 9,114' to 9,120' (5½" csg, surface to 9000ft) of 500psig minimum for 30 minutes. Document the pressure test on a one hour full rotation calibrated recorder chart registering within 25 to 85 per cent of its full range. Submit a subsequent Sundry Form 3160-5 relating the dated daily wellbore and MIT activities, include a copy of the chart.
8. File intermediate **subsequent sundry** Form 3160-5 within 30 days of any interrupted workover procedures and a complete workover subsequent sundry.
9. Submit the BLM Form 3160-4 **Recompletion Report** within 30 days of the date all BLM approved procedures are complete.
10. Workover approval is good for 90 days (completion to be within 90 days of approval). A legitimate request is necessary for extension of that date.

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