<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural			Form C-103 August 1, 2011 Permit 165656	
Phone:(575) 393-6161 Fax:(575) 393-0720 <u>District II</u>					
811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720	Res	ources		WELL API NUMBER	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505		30-025-41091		
Phone:(505) 334-6178 Fax:(505) 334-6170 District IV			5. Indicate Type of Lease		
1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462			S 6. State Oil & Gas Lease No.		
	ES AND REPORTS (	ALM TABLES	7	7. Lease Name or Unit Agreement Name RANGER 12 STATE	
(DO NOT USE THIS FORM FOR PROPO A DIFFRENT RESERVIOR. USE "APPL PROPOSALS.)	8. Well Number				
1. Type of Well:G				001	
2. Name of Operator				9. OGRID Number	
MATADOR PI	228937				
3. Address of Operator	10. Pool name or Wildcat				
One Lincoln Centre, 5400 LI	See Area 13				
4. Well Location	•			Victory and Control of the Control o	
Unit Letter M : 660 feet fr	om the S line a	nd 660	feet from the	W 1ine	
Section 12 Township	20S I	tange	35E NMPM	Lea County	
	11. Elevation (Show who	ether DR, KB,	BT, GR, etc.)		
	36	62 GR			
Pit or Below-grade Tank Application or Clo	sure		The second of the second	A. S. V. A. W. D. V. S.	
Pit Type Depth to Groundwater	Distance from nearest f	resh water well	Distance from	n nearest surface water	
The state of the s	Below-Grade Tank: Volume_		_ bbls; Construction l		
	opriate Box to Indicat	e Nature o			
NOTICE OF INTENT			-	NT REPORT OF:	
PERFORM REMEDIAL WORK D		REMEDIA		☐ ALTER CASING ☐	
	ANGE OF PLANS			S.   PLUG AND ABANDON	
PULL OR ALTER CASING MO	JLTIPLE COMPL		EMENT JOB		
Other:		Other: Per	forations/Tubing	×	
13. Describe proposed or completed operations. (work.) SEE RULE 1103. For Multiple Complet REVISE CASING AND CEMENT PRODRILL INTERMEDIATE HOLE TO 50 ATTACHMENT). See Attached	ions: Attach wellbore diagram OGRAM AS FOLLOWS:	of proposed co	mpletion or recompletion	on.	
	ъ .				
	Perfo	rations			
Pool: LEA; WOLFCAMP (GAS), 8006	0 Location: M -12-20S-3	5E 660 S 66	50 W		
TOP BOT Open Hole Sho	ts/ft Shot Size	Material	Stimulation	Amount	
	-				

## Tubing

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines  $\square$ , a general permit  $\square$  or an (attached) alternative OCD-approved plan  $\square$ . SIGNATURE Electronically Signed TITLE Chief Engineer DATE 4/16/2013 Type or print name Michael Ernest
For State Use Only:
APPROVED BY: Paul Kautz E-mail address mernest@matadorresources.com Telephone No. 972-371-5223 TITLE Geologist DATE 4/17/2013 9:24:13 AM

## Well Name Ranger 12 State #1

Туре	Hole Size	Casing Type	Casing Weight/ft	Setting depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	2045	1760	0
Int1	12.25	9.625	40	5840	1700	0
Prod	8.75	5.5	29	12000	910	3400