

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural**  
**Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-103  
August 1, 2011

Permit 72154

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NUMBER 30-025-41091
1. Type of Well: G		5. Indicate Type of Lease S
2. Name of Operator MATADOR PRODUCTION COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator One Lincoln Centre, 5400 LBJ Freeway Ste 1500, Dallas, TX 75240		7. Lease Name or Unit Agreement Name RANGER 12 STATE
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>12</u> Township <u>20S</u> Range <u>35E</u> NMPM <u>Lea</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3662 GR		9. OGRID Number 228937
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat See Area 13

<b>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other:	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <b>Perforations/Tubing</b> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/21/2013 Pressure tested casing for 30min, held  
 6/23/2013 Perforated Wolfcamp from 11,704'-11,712' (48 holes)  
 6/24/2013 Frac Wolfcamp with 135,360lbs 3,342bbls  
 6/24/2013 Perforated Wolfcamp from 11,614'-11,676' (66 holes)  
 6/24/2013 Frac Wolfcamp (Stage #2) with 113,140lbs and 2,756bbls

Flowed well back from 6/24-7/3.  
 7/4-7/14 SI awaiting further completion operations.

**Perforations**

**Pool: LEA;WOLFCAMP (GAS) , 80060 Location: M -12-20S-35E 660 S 660 W**

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
11704	11712	N	48			Frac	

**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 ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Chief Engineer DATE 7/15/2013  
 Type or print name Michael Ernest E-mail address mernest@matadorresources.com Telephone No. 972-371-5223  
**For State Use Only:**  
 APPROVED BY: Paul Kautz TITLE Geologist DATE 7/16/2013 9:39:39 AM