

|   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
|---|---|---|-------------------------------------|--|-----------------------|--|-----------------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|--------|--------------------------|--------------------|-------------------------------------|
| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462  | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 193611<br>WELL API NUMBER<br>30-025-42057<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br>7. Lease Name or Unit Agreement Name<br>JIM ROLFE 22 18 34 RN<br>STATE<br>8. Well Number<br>131Y<br>9. OGRID Number<br>228937<br>10. Pool name or Wildcat |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 1. Type of Well:<br>O   |   | 8. Well Number<br>131Y  |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 2. Name of Operator<br>MATADOR PRODUCTION COMPANY   |   | 9. OGRID Number<br>228937   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 3. Address of Operator<br>One Lincoln Centre, 5400 LBJ Freeway Ste 1500, Dallas, TX 75240   |   | 10. Pool name or Wildcat  |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>185</u> feet from the <u>S</u> line and feet <u>348</u> from the <u>W</u> line<br>Section <u>22</u> Township <u>18S</u> Range <u>34E</u> NMPM County <u>Lea</u>   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>4019 GR  |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td style="width:25%;">PERFORM REMEDIAL WORK</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%;">REMEDIAL WORK</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>CASING/CEMENT JOB</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other: <u>Spud</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> |   |   | NOTICE OF INTENTION TO:             |  | SUBSEQUENT REPORT OF: |  | PERFORM REMEDIAL WORK | <input type="checkbox"/> | REMEDIAL WORK | <input type="checkbox"/> | TEMPORARILY ABANDON | <input type="checkbox"/> | COMMENCE DRILLING OPNS. | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> | CASING/CEMENT JOB | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: <u>Spud</u> | <input checked="" type="checkbox"/> |
| NOTICE OF INTENTION TO:   |   | SUBSEQUENT REPORT OF:   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| PERFORM REMEDIAL WORK   | <input type="checkbox"/>  | REMEDIAL WORK   | <input type="checkbox"/>            |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| TEMPORARILY ABANDON   | <input type="checkbox"/>  | COMMENCE DRILLING OPNS.   | <input type="checkbox"/>            |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| PULL OR ALTER CASING  | <input type="checkbox"/>  | CASING/CEMENT JOB   | <input type="checkbox"/>            |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| Other:  | <input type="checkbox"/>  | Other: <u>Spud</u>  | <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.<br>8/23/2014 Spudded well.   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| SIGNATURE <u>Electronically Signed</u> TITLE <u>Chief Engineer</u> DATE <u>10/3/2014</u><br>Type or print name <u>Michael Ernest</u> E-mail address <u>mernest@matadorresources.com</u> Telephone No. <u>972-371-5223</u>   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Paul Kautz</u> TITLE <u>Geologist</u> DATE <u>10/8/2014</u>   |   |   |                                     |  |                       |  |                       |                          |               |                          |                     |                          |                         |                          |                      |                          |                   |                          |        |                          |                    |                                     |

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

Comments  
Permit 193611

**NOTICESPUD COMMENTS**

|   |                            |
|---|----------------------------|
| Operator:<br>MATADOR PRODUCTION COMPANY<br>One Lincoln Centre<br>Dallas, TX 75240 | OGRID:<br>228937           |
|   | Permit Number:<br>193611   |
|   | Permit Type:<br>NoticeSpud |

**Comments**

| Created By                            | Comment | Comment Date |
|---------------------------------------|---------|--------------|
| There are no Comments for this Permit |         |              |