

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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 NO 30-015-43925
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2 Name of Operator Matador Production Company		6 State Oil & Gas Lease No 316071
3 Address of Operator 5400 LBJ Freeway STE 1500 Dallas TX 75240		7 Lease Name or Unit Agreement Name CHARLIE SWEENEY STATE COM 31 23 28 RB
4 Well Location Unit Letter N 243 feet from the South line and 1965 feet from the West line Section 30 Township 23S Range 28E NMPM County EDDY		8 Well Number 202H
11 Elevation (Show whether DR, RKB, RT, GR, etc) 3120'		9 OGRID Number 228937
10 Pool name or Wildcat PURPLE SAGE, WOLFCAMP (GAS)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER CTB-807 <input checked="" type="checkbox"/>	
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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 19 15 7 14 NMAC For Multiple Completions Attach wellbore diagram of proposed completion or recompletion

Pursuant to Administrative Order CTB-807,

Matador Production Company as Operator respectfully requests administrative approval to surface commingle separately metered production from the PURPLE SAGE, WOLFCAMP (GAS) for the CHARLIE SWEENEY STATE COM 31 23 28 RB 202H

The tank battery is located in the W/2 portion of the section as indicated on the attached diagram All production will be allocated using readings from individual well meters All interested parties were previously notified as part of Administrative Order CTB-807

Spud Date 6/2/2017

Rig Release Date

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Sherr Gore TITLE Regulatory Tech DATE 6/26/17

Type or print name Sherr Gore E-mail address sgore@matadorresources.com PHONE 972-371-5467

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of Approval (if any)

Michael McMillan Engineering Bureau

MW OIL CONSERVATION
ARTESIA DISTRICT

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 Road, Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170
District IV
1220 S St. Francis Dr Sante Fe, NM 87505
Phone (505) 476-3460 Fax (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources
Department
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Sante Fe, NM 87505

FORM C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-43925		² Pool Code 98220	³ Pool Name PURPLE SAGE, WOLFCAMP (GAS)
⁴ Property Code 31607	⁵ Property Name 317739 CHARLIE SWEENEY STATE COM 31-23S-28E RB		⁶ Well Number #202H
⁷ OGRID No. 228937	⁸ Operator Name MATADOR PRODUCTION COMPANY		⁹ Elevation 3120'

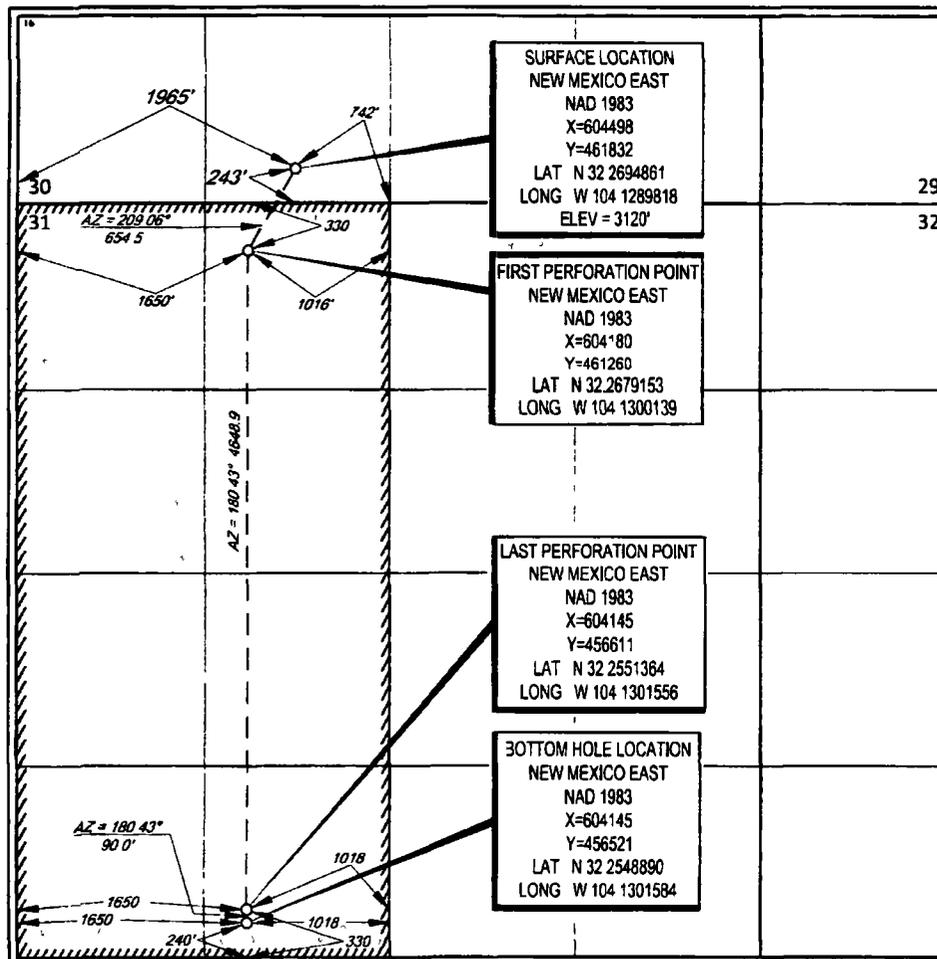
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	30	23-S	28-E	-	243'	SOUTH	1965'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	31	23-S	28-E	-	240'	SOUTH	1650'	WEST	EDDY

¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division



SURFACE LOCATION
NEW MEXICO EAST
NAD 1983
X=604498
Y=461832
LAT N 32 2694861
LONG W 104 1289818
ELEV = 3120'

FIRST PERFORATION POINT
NEW MEXICO EAST
NAD 1983
X=604180
Y=461260
LAT N 32.2679153
LONG W 104 1300139

LAST PERFORATION POINT
NEW MEXICO EAST
NAD 1983
X=604145
Y=456611
LAT N 32 2551364
LONG W 104 1301556

BOTTOM HOLE LOCATION
NEW MEXICO EAST
NAD 1983
X=604145
Y=456521
LAT N 32 2548890
LONG W 104 1301584

¹⁷OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: Trey Goodwin Date: 5/11/17

Printed Name: Trey Goodwin

E-mail Address: tgoodwin@matadorresources.com

¹⁸SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief

Date of Survey: 05/10/2017

Signature: [Signature]

PROFESSIONAL SURVEYOR
NEW MEXICO
18329

Certificate Number: _____