

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

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

EMNRD-OCD ARTESIA  
REC'D: 05/04/2020

Form C-103  
Revised July 18, 2013

WELL API NO. 30-015-46132
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JACK SLEEPER STATE COM 9 16 23S 28E
8. Well Number 221H
9. OGRID Number 228937
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator MATADOR PRODUCTION COMPANY	
3. Address of Operator 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240	
4. Well Location Unit Letter M : 197 feet from the S line and 156 feet from the W line Section 4 Township 23S Range 28E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3014' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Perforate, fracture treat, produce <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/16/19 Perform casing integrity test to 7206 psi; dropped 133 psi. 30 min test. Good test. WSI awaiting frac ops.  
12/03/19 Frac Wolfcamp formation 10620 - 20532' with 25,953,865 lbs sand in 55 stages.  
12/30/19 Fracture treatment complete. Well secured, awaiting drillout operations.  
01/03/20 Open well, bleed off to 0 psi. Begin milling plugs.  
01/05/20 Finish milling plugs. Well secured and SI awaiting flowback ops. SICP 2800 psi.  
01/19/20 Open well to flowback on 12/64" positive ck. SICP: 1300 psi. Well begins to produce.

\* Requesting tubing installation exception delay to allow for post-fracture pressure to decline, well to clean up and allow for safe installation.

TVD/MD: 10571/20675

PBTD 20,675' reached 09/13/19

Well reached TD 09/13/19

Spud Date:

07/03/19

Rig Release Date:

09/17/19

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

SIGNATURE Ava Monroe TITLE Sr Regulatory Analyst DATE 03/17/2020

Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

For State Use Only

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 5/7/2020

Conditions of Approval (if any):

5/08/2020 AB