Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> = (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	•	WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-43693 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	CLUTAD 40 040 005 DD
PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	GUITAR 10 24S 28E RB
	Gas Well 🛛 Other	8. Well Number 222H
2. Name of Operator MATADOR PRODUCTION C		9. OGRID Number
3. Address of Operator	OWFAT	228937 10. Pool name or Wildcat
5400 LBJ FREEWAY, STE. 1	500 DALLAS TX 75240	CULEBRA BLUFF; WOLFCAMP, SOUTH (GAS)
4. Well Location	300, DALLAG, TA 73240	
ì	1753 feet from the NORTH line and 2	205 feet from the EAST line
Section 10	Township 24S Range 28E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, et	11111111
2994' GR		
12. Check A	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	TENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WO	
TEMPORARILY ABANDON	I	PRILLING OPNS P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE	·	
CLOSED-LOOP SYSTEM	Amend depths 🕅 OTHER:	
OTHER:	Amend depths OTHER:  eted operations. (Clearly state all pertinent details,	and give pertinent dates including estimated date
	rk). SEE RULE 19.15.7.14 NMAC. For Multiple (	
proposed completion or reco		rempression remain well-off unagrain or
Amend depths to: TVD	10 238'· MD 15 214'	
Afficial deputies to: 1 V D	10,200 ; WD 10,214	
		NM OIL CONSERVATION
	·	ARTESIA DISTRICT
		SEP 28 2016
		<b>5-</b> . <b>-</b>
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Spud Date: 04/24/2016	Rig Release Date: 5/17/20	016
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I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief.
0 1		
SIGNATURE CLAS MAS	TITLE Sr. Engineering Technician	D.A.T. 0/00/0040
SIGNITIONE CONTINUE	TITLE On Engineering reclinician	
		DATE 9/26/2016
Type or print name Ava Monroe	E-mail address: amonroe@mata	
Type or print name Ava Monroe For State Use Only	E-mail address: amonroe@mata	
	E-mail address: amonroe@mata	