

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

Form C-103  
Revised July 18, 2013

<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 NO. 30-015-45269
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.
3. Address of Operator 5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240		7. Lease Name or Unit Agreement Name LARRY WOLFISH 01 23S 27E RB
4. Well Location Unit Letter <u>P</u> : <u>830</u> feet from the <u>S</u> line and <u>836</u> feet from the <u>E</u> line Section <u>36</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number 204H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3069' GR		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:		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.

03/18/19 Open well to test casing for 30 min. to 5532 psi. Dropped to 5334 psi. Good test.  
03/22 - 03/26/19 Perforate & fracture treat the Wolfcamp formation 9750' - 14388' in 22 stages w/11,695,900 lbs sand.  
03/28 - 03/30/19 Mill plugs.  
03/31/19 Open well to flowback.  
04/01/19 Well begins to produce.

RECEIVED

JUL 12 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date: 02/15/19 Rig Release Date: 3/11/19

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 7/11/19

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

For State Use Only  
APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 7-19-19  
Conditions of Approval (if any):