Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Reso	urces Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONCERNATION BUYE	20.015.46177
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISI	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 X
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK ATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	<u> </u>	DR LANA WHITE COM 8. Well Number 217H
	Gas Well 🛛 Other	21711
Name of Operator Matador Production Company	,	9. OGRID Number 228937
3. Address of Operator	The state of the s	10. Pool name or Wildcat
5400 LBJ Freeway, Ste. 1500), Dallas, TX 75240	PURPLE SAGE;WOLFCAMP(GAS)
4. Well Location		
Unit Letter :_	1807 feet from the S lin	e and 340 feet from the E line
Section 13		28E NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT	T, GR, etc.)
	2942' GR	
10 01 1 1		
12. Check A	appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF IN	TENTION TO	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	·	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMI	ENCE DRILLING OPNS. □ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	G/CEMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM Delay	y tbg installation 🗵 OTHER	
		details, and give pertinent dates, including estimated date
		fultiple Completions: Attach wellbore diagram of
proposed completion or reco	ompletion.	
Proposing to delay installation of	of tubing after ready date to allow for post-fracture	pressure to decline, well to
clean up and to allow for safely	running tubing.	
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		RECEIVED
		0.0 2020
		JAN 08 2020
		EMNRD-OCD ARTES
		EMNRD-000 AINTE
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Spud Date: 07/28/19	Rig Release Date:	09/05/19
. 07720/19		03/03/13
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I hereby certify that the information a	above is true and complete to the best of my	knowledge and belief.
SIGNATURE CLAR HAD	TITLE Sr. Regulato	ry Analyst DATE 01/03/20
Type or print name Ava Monroe	E-mail address: amonr	oe@matadorresources. PHONE: 972-371-5218
For State Use Only		com
APPROVED BY:	TITLE STATE !	DATE 1/9/20
Conditions of Approval (if any):		