Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	
<u>District II</u> – (575) 748-1283	OII CONGERNATION DUMOIO	WELL API NO. 30-015-44421
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISIO 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa I C, INIVI 67505	6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
PROPOSALS.)	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ICATION FOR PERMIT" (FORM C-101) FOR SUCH	ANNE COM 15 24S 28E RB
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 222H
Name of Operator MATADOR PRODUCTION	N COMPANY	9. OGRID Number 228937
3. Address of Operator		10. Pool name or Wildcat
5400 LBJ FREEWAY,	STE 1500, DALLAS, TX 75240	
4. Well Location		
Unit Letter E :	242	nd 877 feet from the W line
Section 15	Township 24S Range 28E	
	11. Elevation (Show whether DR, RKB, RT, C	iR, etc.)
		The state of the s
	Appropriate Box to Indicate Nature of N	otice, Report or Other Data
	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIA	
PULL OR ALTER CASING		CE DRILLING OPNS.☐ P AND A ☐
DOWNHOLE COMMINGLE	CASING/C	PEMENI JOB
CLOSED-LOOP SYSTEM	_	
OTHER: 13 Describe proposed or comments.	OTHER:	Install tbg. A lails, and give pertinent dates, including estimated date
of starting any proposed we proposed completion or rec	ork). SEE RULE 19.15.7.14 NMAC. For Multi-	ple Completions: Attach wellbore diagram of
11/09/18 Install 2 7/	8" L-80 tbg & 11 GLVs. AS1-X Packer an	d tbg @ 9759'. Turn well back to production.
		Service of the servic
		RECEIVED
		JAN 1 5 2020
		EMNRD-OCD ARTESIA
•		
Spud Date: 10/02/17	Rig Release Date: 1	0/31/17
I hamahar agustife short short short		
i neleby certify that the information	above is true and complete to the best of my kno	owledge and belief.
SIGNATURE Close Mr	TITLE Sr. Regulatory	
l Type or print name <u>Ava Monroe</u>	amonroe@matador E-mail address:	
For State Use Only	D-man addiess.	PHONE:972-271-5218
ADDDOVED DV. 1A-		. / /
APPROVED BY: Conditions of Approval (if any):	TITLE STATI M	DATE 1/16/20
		DATE 1/16/20 1/30/20 K5
		1-1 ' '