

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  
**NM OIL CONSERVATION**  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

NOV 05 2015  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 RECEIVED

<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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-015-43378
2. Name of Operator MATADOR PRODUCTION COMPANY		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>I</u> : <u>2183</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name DR. K 24-23S-27E RB
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3126' GR		8. Well Number <u>203H</u> 9. OGRID Number <u>228937</u> 10. Pool name or Wildcat FOREHAND RANCH;WOLFCAMP (GAS)

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <u>CHG SHL &amp; BHL</u> <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

PLEASE CHANGE SHL TO: 2183' FROM THE SOUTH LINE AND 330' FROM THE EAST LINE OF SECTION 23 T23S R 27E IN EDDY COUNTY.

PLEASE CHANGE BHL TO: 2310' FROM THE SOUTH LINE AND 370' FROM THE EAST LINE OF SECTION 24 T23S R27E IN EDDY COUNTY.

Spud Date:

Rig Release Date:

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

SIGNATURE Ava Monroe TITLE Sr. Engineering Technician DATE 11/4/2015

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Dist. H. [Signature] DATE 11/6/15

Conditions of Approval (if any):