| Submit I Copy To Appropriate District<br>Office  | TiceState of New Mexicotrict I- (575) 393-6161Energy, Minerals and Natural Resources25 N. French Dr., Hobbs, NM 88240OIL CONSERVATION DIVISIONtrict II- (575) 748-1283OIL CONSERVATION DIVISION1 S. First St., Artesia, NM 882101220 South St. Francis Dr. |               | Form C-103                              |
|--|--|---------------|---|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240  |  |               | Revised July 18, 2013<br>WELL API NO.   |
| District II - (575) 748-1283   |  |               | 30-015-43379                            |
| <u>District III</u> – (505) 334-6178   |  |               | 5. Indicate Type of Lease               |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  | Santa Fe, NM 87505   |               | 6. State Oil & Gas Lease No.            |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |               |   |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |  |               | 7. Lease Name or Unit Agreement Name    |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |  |               | DR K 24-23S-27E RB                      |
| PROPOSALS.)         1. Type of Well: Oil Well         Gas Well         X         Other   |  |               | 8. Well Number 206H                     |
| 2. Name of Operator<br>MATADOR PRODUCTION COMPANY  |  |               | 9. OGRID Number<br>228937               |
| 3. Address of Operator   |  |               | 10. Pool name or Wildcat                |
| 5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240   |  |               | FOREHAND RANCH; WOLFCAMP (GAS)          |
| 4. Well Location   |  |               |   |
| Unit Letter <u>T</u> : <u>2153</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>EAST</u> line   |  |               |   |
| Section         23         Township         23S         Range         27E         NMPM         County         EDDY           11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.) |  |               |   |
| 3127 GR  |  |               |   |
|  |  |               |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |               |   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |               |   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   |  |               |   |
| TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. PA  |  |               |   |
|  |  | CASING/CEMENT |   |
| CLOSED-LOOP SYSTEM   |  | 8             |   |
| OTHER:   |  | OTHER:        |   |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date<br>of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of<br>proposed completion or recompletion.  |  |               |   |
| PLEASE CHANGE SHL TO: 2153' FROM THE SOUTH LINE AND 330' FROM THE EAST LINE OF SECTION 23  |  |               |   |
| T23S R27E OF EDDY COUNTY.  |  |               |   |
| PLEASE CHANGE BHL TO: 2310' FROM THE NORTH LINE AND 370' FROM THE EAST LINE OF SECTION 24<br>T23S R27E OF EDDY COUNTY.   |  |               |   |
|  |  |               |   |
|  |  |               | NM OIL CONSERVATION<br>ARTESIA DISTRICT |
|  |  |               | NOV 0 5 2015                            |
|  |  |               |   |
|  |  |               | RECEIVED                                |
|  |  | ·             |   |
| Spud Date: PENDING   | Rig Release Da   | te:           |   |
|  |  | t,            |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |               |   |
|  |  |               |   |
| SIGNATURE (Iva Momoe   |  |               |   |
| SIGNATURE (Wa // SWO2  |  |               |   |
| Type or print name Ava Monroe       E-mail address:       PHONE:972-271-5218   |  |               |   |
| For State Use Only   |  |               |   |
| APPROVED BY: MARCH TITLE 15T TOTAL DATE 11/6/15  |  |               |   |
| Conditions of Approval (if any):   |  |               |   |
|  |  |               |   |