

# NM OIL CONSERVATION

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

ARTESIA DISTRICT  
 State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 RECEIVED  
 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. 30-015-43842
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 B BANKER 33 23S 28E RB
4. Well Location Unit Letter H : 1841 feet from the N line and 145 feet from the E line Section 33 Township 23S Range 28E NMPM County EDDY		8. Well Number 206H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3060' 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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

STRING/RUN	HOLE SZ	CSG SZ/TYPE	CSG WT	SET DEPTH	SXS CMT	CLASS	TOC	SXS TO SURF	METHOD	CSG TEST PSI	Csg Test DUR/PASS
SURF - 04/17/17	17.500	13.375/J55	54.50	514	503	C	0	110	CIRC	1000	30 MIN/GOOD
INT 1 - 04/23/17	12.250	9.625/J55	40.00	2700	905	C	0	117	CIRC	1350	30 MIN/GOOD
INT 2 TOP - 04/28/17	8.750	7.625/P110	29.70	2453	753	TXI	1030	0.0	CALC	1500	30 MIN/GOOD
INT 2 MID - 04/28/17	8.750	7.625/P110	29.70	9801	-	-	-	-	-	1500	30 MIN/GOOD
INT 2 BTM - 04/28/17	8.750	7.0/P110	29.00	10815	-	-	-	-	-	1500	30 MIN/GOOD
PROD TOP - 05/06/17	6.125	5.5/P110	20.00	9655	510	H	9800	-	CALC	6100	30 MIN/GOOD
PROD BTM - 05/06/17	6.125	4.5/P110	13.50	15329	-	-	-	-	-	6100	30 MIN/GOOD

\*NOTE: INTERMEDIATE & PRODUCTION STRINGS TAPERED.

Spud Date:

04/17/17

Rig Release Date:

05/07/17

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 Tech

DATE 06/28/17

Type or print name Ava Monroe

amonroe@matadorresources.com

E-mail address:

PHONE: 972-271-5218

For State Use Only

APPROVED BY:

*[Signature]*

TITLE STATE Mgr

DATE 7-26-17

Conditions of Approval (if any):