

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104
Revised Feb. 26, 2007

Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Matador Production Company 5400 LEJ Freeway, Suite 1500 Dallas, TX 75240		² OGRID Number 228937	
⁴ API Number 30 - 015-44170		⁵ Pool Name Russell; Bone Spring	
⁷ Property Code 317746		⁸ Property Name Stebbins 19 Fed Com	
³ Reason for Filing Code/ Effective Date New Production		⁶ Pool Code 52805	
		⁹ Well Number 123H	

II. Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South	Feet from the	East/West line	County
I	19	20S	29E		2317'	South Line	410'	East	Eddy

Bottom Hole Location

UL or lot L	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	19	20S	29E	3	1836'	South Line	214'	West	Eddy

¹² Lse Code S	¹³ Producing Method Code P	¹⁴ Gas Connection Date Flare	¹⁵ C-129 Permit Number 373224	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
16696	Occidental Energy Marketing, P.O. Box 27570 Houston, TX 77227-7570	O
151618	Enterprise Products 2727 N. Loop W., Suite 700, Houston, TX 77008	G
NM OIL CONSERVATION ARTESIA DISTRICT DEC 04 2018 RECEIVED		

IV. Well Completion Data

²¹ Spud Date 10/19/2017	²² Ready Date 12/04/2017	²³ TD 12,470'/7740'	²⁴ PBDT 12,354'	²⁵ Perforations 8,096'-12,259'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
26"	20"	400'	1,400		
17 1/2"	13 3/8"	1,209'	1,360 - Cure		
12 1/4"	9 5/8"	3,091'	1,380 - Cure		
8 1/2"	5 1/2"	12,447'	2,528 - Cure		

V. Well Test Data

³¹ Date New Oil 12/4/2017	³² Gas Delivery Date Flare	³³ Test Date 1/13/2018	³⁴ Test Length 24	³⁵ Tbg. Pressure n/a	³⁶ Csg. Pressure 2900
³⁷ Choke Size 34/64	³⁸ Oil 909	³⁹ Water 1,471	⁴⁰ Gas 616	⁴¹ Test Method ESP	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Tammy Link*
Printed name: Tammy Link
Title: Production Analyst
E-mail Address: tlink@matadorresources.com
Date: 11/30/2018 Phone: 575-623-6601

OIL CONSERVATION DIVISION
Approved by: *Kustan K...*
Title: *Business Ops Spec A*
Approval Date: *12-31-2018*

Pending BLM approvals will subsequently be reviewed and scanned

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Amended

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

NM OIL CONSERVATION
ARTESIA DISTRICT

Section 1 - Completed by Operator		DEC 04 2018
1. BLM Office* Carlsbad, NM	2. Well Type* OIL	
3. Completion Type* New Well		RECEIVED
Operating Company Information		
4. Company Name* MATADOR PRODUCTION COMPANY		
5. Address* 5400 LBJ FREEWAY, SUITE 1500 DALLAS TX 75240	6. Phone Number* 575-623-6601	
Administrative Contact Information		
7. Contact Name* TAMMY R LINK	8. Title* PRODUCTION ANALYST	
9. Address* 108 S. 4TH ARTESIA NM 88210	10. Phone Number* 575-627-2465	
	11. Mobile Number	
12. E-mail* tlink@matdorresources.com	13. Fax Number	
Technical Contact Information		
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.		
14. Contact Name*	15. Title*	
16. Address*	17. Phone Number*	
	18. Mobile Number	
19. E-mail*	20. Fax Number	
Surface Location		

Pending BLM approvals will
subsequently be reviewed
and scanned

12/31/18

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract
- b) State, County, Latitude, Longitude, Metes & Bounds description

State* NM	County or Parish* EDDY			
Section 19	Township 20S	Range 29E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NESE	Lot # I	Tract # _____	N/S Footage 2317 FSL	E/W Footage 410 FEL
Latitude _____	Longitude _____	Metes and Bounds _____		

Producing Interval Location

22. Specify location or

- Check here if the producing hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 19	Township 20S	Range 29E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWSW	Lot # 3 L-	Tract # _____	N/S Footage 1836 FSL	E/W Footage 214 FWL
Latitude _____	Longitude _____	Metes and Bounds _____		

Bottom Location

23. Specify location or

- Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section _____	Township _____	Range _____	Meridian _____	
Qtr/Qtr _____	Lot # _____	Tract # _____	N/S Footage _____	E/W Footage _____
Latitude _____	Longitude _____	Metes and Bounds _____		

Lease and Agreement

24. Lease Serial Number*

NMNM03677

26. If Unit or CA/Agreement, Name and/or Number

27. Field and Pool, or Exploratory Area*
WC-015 G-04 S202920D;BS

Well

28. Well Name*

STEBBINS 19 FED COM

29. Well Number*

123H

30. API Number

30-015-44170

31. Date Spudded 10/10/2017	32. Date T.D. Reached 11/01/2017	33. Date Completed 12/04/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3247 Ground Level							
35. Total Depth: MD 12470 TVD 7740	36. Plug Back Total Depth: MD 12354 TVD ___	37. Depth Bridge Plug Set: MD ___ TVD ___								
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) ALREADY SUBMITTED ELECTRONICALLY ON 1/25/2018		39. Was Well Cored? <input checked="" type="radio"/> No Was DST run? <input checked="" type="radio"/> No Directional Survey? <input type="radio"/> No	<input type="radio"/> Yes (Submit Analysis) <input type="radio"/> Yes (Submit Report) <input checked="" type="radio"/> Yes (Submit Copy)							
40. Casing and Liner Record (Report all strings set in well)										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
26	20	K-55	95	0	400	___	1400	___	0	___
17.5	13.375	J-55	54.5	0	1209	___	1360	___	0	___
12.25	9.625	J-55	40	0	3091	___	1380	___	0	___
8.75	5.5	P-110	20	0	12447	___	2528	___	0	___
___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___
41. Tubing Record				42. Producing Intervals						
Size	Depth Set (MD)	Packer Depth (MD)	Formation			Top (MD)	Bottom (MD)			
___	___	___	A) BONE SPRING			8096	12259			
___	___	___	B) _____			___	___			
___	___	___	C) _____			___	___			
___	___	___	D) _____			___	___			
43. Perforation Record										
Top	Bottom	Size	No. Holes	Perf. Status						
8096	12259	0.4	___	___						
___	___	___	___	___						
___	___	___	___	___						
___	___	___	___	___						
44. Acid, Fracture, Treatment, Cement Squeeze, etc.										
Top	Bottom	Amount and Type of Material								
8096	12259	___								

368 BBLs ACID, TOTAL CLEAN FLUID 159,936 BBLs, 100 MESH 697,000 LBS, 20/40 MESH 11,152,017 LBS,	
TOTAL PROPPANT 11,899,017 LBS. IN 17 STAGES.	

45. Production Method and Well Status for Production Intervals	
Production Method Gas Pumping Unit	Well Status (Please Choose Status)

46. Production - Interval A								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
12/04/2017	01/13/2018	24	>>>>>	909	616	1471		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
34/64		2900	>>>>>	909	616	1471		

47. Production - Interval B								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

48. Production - Interval C								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

49. Production - Interval D								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

50. Disposition of Gas (Sold, used for fuel, vented, etc.)
 Sold

51. Summary of Porous Zones (Include Aquifers):
 Show all important zones of porosity and contents thereof. Cored intervals and

all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

52. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
AVALON	6080	6240	O&G		
AVALON SHALES	6420	6550			3273
BONE SPRING 2ND SAND	8300		TD	DELAWARE	3000
				BUSHY CN	4050
				BONE SPRING LS	5785
				1ST BONE SPRING SAND	7040
				2ND BONE SPRING SAND	7190
				2ND BONE SPRING SAND	7505

53. Additional remarks (include plugging procedure):

This is an Amended Report with some corrections requested by OCD.

54. Indicate which items have been attached by placing a check in the appropriate boxes:

<input type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.)	<input type="checkbox"/> Geologic Report	<input type="checkbox"/> DST Report	<input type="checkbox"/> Directional Survey
<input type="checkbox"/> Sundry Notice for plugging and cement verification	<input type="checkbox"/> Core Analysis	<input type="checkbox"/> Other:	

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name TAMMY R LINK	56. Title PRODUCTION ANALYST
57. Date* (MM/DD/YYYY) 12/04/2018 <input type="text" value="Today"/>	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Section 2 - System Receipt Confirmation

59. Transaction 446403	60. Date Sent 12/04/2018	61. Processing Office Carlsbad, NM
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Section 3 - Internal Review #1 Status

62. Review Category _____	63. Date Completed _____	64. Reviewer Name _____
65. Comments 		

Section 4 - Internal Review #2 Status

66. Review Category _____	67. Date Completed _____	68. Reviewer Name _____
69. Comments 		

Section 5 - Internal Review #3 Status

70. Review Category _____	71. Date Completed _____	72. Reviewer Name _____
73. Comments 		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.