

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
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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. 30-025-43816
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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 AIRSTRIP 31 18 35 RN STATE COM
4. Well Location Unit Letter <u>N</u> : <u>850</u> feet from the <u>S</u> line and <u>1638</u> feet from the <u>W</u> line Section <u>31</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number <u>132H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3937' GR</u>		9. OGRID Number <u>228937</u>
10. Pool name or Wildcat <u>AIRSTRIP;BONE SPRING</u>		

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

NOTICE OF INTENTION TO: 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: Delay tubing install. <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: 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 checked="" 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.
 Proposing to delay tubing installation in order for well to clean up after fracture treatment and to determine by observing well as to what type of artificial lift (if necessary) will be required.



Spud Date: 06/10/17 Rig Release Date: 07/2/2017

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 7/31/17
 Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-271-5218

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/01/17
 Conditions of Approval (if any):