

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

Hobbs  
HOBBS OGD

5. Lease Serial No.  
NMNM55150

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2** NOV 13 2017

1. Type of Well  
 Oil Well  Gas Well  Other

RECEIVED

8. Well Name and No.  
CORBIN 15 FED 01

2. Name of Operator  
MATADOR PRODUCTION COMPANY  
Contact: AVA L MONROE  
-Mail: amonroe@matadorresources.com

9. API Well No.  
30-025-30327

3a. Address  
5400 LBJ FREEWAY STE 1500  
DALLAS, TX 75240

3b. Phone No. (include area code)  
Ph: 972-371-5200  
Fx: 972-371-5201

10. Field and Pool or Exploratory Area  
MESCALERO; ESCARP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 15 T18S R33E Mer NMP SWNW 1650FNL 660FWL

11. County or Parish, State  
LEA COUNTY, TX

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

BLM BOND NO NMB001079  
SURETY BOND NO RLB 0015172

Subsequent report of flaring 03/17 - 06/14/17  
March 48 mcf

April 171 mcf

May 280 mcf

June 126 mcf  
TTL 625 MCF

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #389581 verified by the BLM Well Information System  
For MATADOR PRODUCTION COMPANY, sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/11/2017 ()

Name (Printed/Typed) RAKESH PATER

Title PRODUCTION ENGINEER

Signature (Electronic Submission)

Date 09/25/2017

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE OCT 11 2017

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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.

(Instructions on page 2)

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

Accepted for Record Only  
MSB/ocd 11/20/2017