

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

JAN 16 2018

NMOCD

Hobbs

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.

RECEIVED

5. Lease Serial No.
NMNM53380

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
CAVINESS 10 FEDERAL 3

9. API Well No.
30-025-29981

10. Field and Pool or Exploratory Area
MESCALERO ESCAR BS

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
MATADOR PRODUCTION COMPANY
Contact: TAMMY R LINK
Mail: tmlink@matadorresources.com

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

3b. Phone No. (include area code)
Ph: 575-627-2465

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 10 T18S R33E Mer NMP SENW 2310FNL 330FEL

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"/> <u>Subsequent Report</u>	<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	
	<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 recomplete 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 recompletion 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: NMB0001079
Surety Bond: RLB0015172

See attached request for extension to recomplete work by 3/30/2018.

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

Electronic Submission #399287 verified by the BLM Well Information System For MATADOR PRODUCTION COMPANY, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/03/2018 ()

Name (Printed/Typed) TAMMY R LINK Title PRODUCTION ANALYST

Signature (Electronic Submission) Date 01/02/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE JAN 8 2018

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 _____

APPROVED

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

[Handwritten signature]

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 ****

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5. Lease Serial No. **NMMN53380**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator **Matador Production Company**

3a. Address **5400 LBJ Freeway, Suite 1500
Dallas, TX 75240** 3b. Phone No. (include area code)
(972) 371-5471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310 FNL, 330 FEL; H-10-18S-33E

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

8. Well Name and No. **Caviness 10 Federal #3**

9. API Well No. **30-025-29981**

10. Field and Pool or Exploratory Area
Mescalero Escar Bone Spring

11. Country or Parish, State
Lea, NM

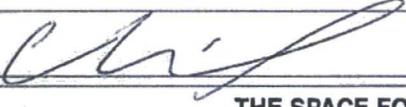
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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The operator requests an extension to the 1/30/2018 deadline of the approved recompletion sundry. The sundry was approved was 10/30/2017 for recompleting into the Second Bone Spring Sand. The operator requests a "work to be completed by" date of 3/30/2018.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **Christopher Villarreal** Title **Operations Engineer**

Signature  Date **12/27/2017**

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

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