

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

HOBBS OOD  
APR 09 2018  
RECEIVED

WELL API NO. 30-025-44323
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name AIRSTRIP 31 18 35 RB STATE COM
8. Well Number 133H
9. OGRID Number 228937
10. Pool name or Wildcat AIRSTRIP; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3936' GR

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Matador Production Company

3. Address of Operator  
5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

4. Well Location  
Unit Letter O : 188 feet from the S line and 2301 feet from the E line  
Section 31 Township 18S Range 35E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Perforate, fracture treat, produce, tbg, pump <input checked="" 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.

- 02/26/18 Open well to test casing for 30 min. Held at 4930 psi. Good test.
- 03/01 - 3/06 Perforate, fracture treat Bone Spring formation 10824 - 15212', 21 stages w/ 10,337,726 lbs sand.
- 03/07/18 Mill plugs and prep for flowback.
- 03/09/18 Begin flowback operations.
- 03/13/18 Well begins to produce.
- 03/23/18 Install 2 7/8" L80 tubing @ 9981.72' KB and put well on ESP.

Spud Date: 01/25/18

Rig Release Date: 02/15/18

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 04/05/18

Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-12-18  
Conditions of Approval (if any):