

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

Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED MAY 18 2018

WELL API NO. 30-025-43532
5. Indicate Type of Lease STATE [] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LEO THORSNESS 13 24 33
8. Well Number 211H
9. OGRID Number 228937
10. Pool name or Wildcat WC-025 G-09 S243310P: UPPER WOLFCAMP

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 [X] 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 D : 539 feet from the B line and 25 feet from the W line Section 13 Township 24S Range 33E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3601' GR

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: Delay tbg installation [X]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: []

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.

Provide C103 with tubing detail when available

Spud Date: 12/10/17

Rig Release Date: 01/04/18

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 04/24/18

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

For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 5-16-18
Conditions of Approval (if any):