

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

WELL API NO. <b>30-025-45430</b>
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 <b>IRVIN WALL STATE COM</b>
8. Well Number <b>132H</b>
9. OGRID Number <b>228937</b>
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3450 GR</b>

**HOBBS OCD**  
**SEP 06 2019**  
**RECEIVED**

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO GO BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-102) 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 **N** : **278** feet from the **S** line and **2632** feet from the **W** line  
 Section **32** Township **23S** 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: <u>Perforate, fracture treat, produce, tbg</u> <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.

- 04/18/19 Open well for casing integrity test for 30 min. to 5400 psi.; drop 89 psi. Good test.
- 04/21 - 05/01/19 Perforate and fracture treat Bone Spring 11800 - 16581' in 26 stages w/ 12,958,662 lbs sand WSI W/O drillout.
- 05/13 - 05/14/19 Drilling out plugs.
- 05/15/19 Open well to flowback. Well begins to produce.
- 07/24/19 Install 2 7/8 tbg and GLVs. Pkr & EOT 11578'.

Spud Date: 01/07/19

Rig Release Date: 02/16/19

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Ava Monroe* TITLE Sr. Regulatory Analyst DATE 09/05/19

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

APPROVED BY: *P.M.* TITLE L.M. DATE 9/12/2019

Conditions of Approval (if any):