

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-36231
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 Shelley 35 State
8. Well Number 006
9. OGRID Number 14245
10. Pool name or Wildcat Monument: Tubb
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3588 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 Operating Company

3. Address of Operator
8340 Meadow Road #150, Dallas, TX 75231

4. Well Location

Unit Letter I : 1980 feet from the South line and 800 feet from the East line
Section 35 Township 19S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>TA SI</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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7-9-03 RIH with 2-3/8" seat nipple and 168 joints 2-3/8" J-55 8rd eue tubing. Removed BOP and installed wellhead flange and ball valve. Reverse circulated well with 130 bbls fresh water containing packer fluid. Shut well in and RDPU.

Well is TA SI

** As information - Tom Brown, Inc. (023230) took over operations 7/1/03. Currently WO Op Change from OCD **

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

SIGNATURE Kelli Werner TITLE Regulatory Reporting Supervisor DATE 9/6/03

Type or print name Kelli Werner Telephone No. (432) 881-446

(This space for State use)

APPROVED BY Larry W. Winkler FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 11 2003
Conditions of approval, if any: