Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C	
District I	Energy, Minerals as	nd Natur	al Resources	WELL API NO.	Revised May 0	5, 20
1625 N. French Dr., Hobbs, NM 88240 District II			D. W. W. G. S. S.	30-025-36232	)	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe,	NM 87	505	6. State Oil & G	as Lease No.	
87505 SUNDRY NOTICE	ES AND REPORTS ON	WELLS		7. Lease Name o	r Unit Agreement	Nai
(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			Riddle 1 State Com			
PROPOSALS.)  1. Type of Well:  Oil Well Gas Well Other			8. Well Number 001			
Name of Operator     Matador Operating Company			9. OGRID Number 14245			
3. Address of Operator 8340 Meadow Road #150, Dallas, TX 75231			10. Pool name or Wildcat Grama Ridge; Morrow, East (Gas)			
4. Well Location	<del></del>			.l		Ė
Unit Letter A : 66	feet from the	North	line and 10	90feet fro	m the East	_lir
Section 1	Township 228	S Ra	nge 34E	NMPM	County Lea	
	11. Elevation (Show whe 3602 GR					
12. Check Ap	propriate Box to Ind	licate Na				
NOTICE OF INT			SUE	SEQUENT RE		_
<del></del>	PLUG AND ABANDON		REMEDIAL WOF		ALTERING CASIN	G [
			AILLING OPNS	PLUG AND ABANDONMENT	E	
	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND 🔽		
OTHER:			OTHER:			_[
<ol> <li>Describe proposed or completion of starting any proposed work or recompletion.</li> </ol>						
5-18-03 RUN 273 JOINTS ( R/U HALLIBURTON. CIRC INTERFILL (11.9 PPG, 2.4 HALAD-344, 0.3% CFR-3, ( THROUGHOUT, BUMPED	: & COND HOLE (3' TC 1 FT3/SX, 13.69 GPS ).2% HR-7, AND 1 PP	O 15' FL ) AND 3( 'S SALT	ARE); CMT CSG 00 SACKS OF S (13.0 PPG, 1.66	WITH 100 SACK UPER "H" MODIF FT3/SX, 8.71 GP	S OF PREMIUM ED WITH 0.4%	
					ED	ے۔
**As Information - Tom Brown	wn, Inc. (023230) took	over op	erations 7/1/03.	Currently WO Op	Change from OC	)**
					**************************************	
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I hereby certify that the information al	oove is true and complete	e to the he	est of my knowled	ge and belief.	<del></del>	
1	•		-			
SIGNATURE THE SHE		TITLE R	egulatory Reporti		DATE 9/6/03	
Type or print name Kelli Werner	•			Telep	hone No. (432) 688-	<del>34</del> 4
(This space for State use)	0				A=-	
APPPROVED BY Hamb	). LA )A - CEFIFIF	REPRE	SENTATIVE II/S	TAFF MANAGER	DATE SEP 1	1
Conditions of approval, if any:		TILE				<u></u>