

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-00504
5. Indicate Type of Lease <u>Fed</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name V. G. Kinahan Fed #1 SWD
8. Well No. 1
9. Pool name or Wildcat <u>SWD, Queen</u> <u>Cedar Point, Wolfcamp (9611)</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3994 GL

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD
2. Name of Operator Matador Operating Company
3. Address of Operator 415 W. Wall, Ste 1101, Midland, TX 79701
4. Well Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 20 Township 15S Range 30E NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3994 GL

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Packer leakage test <input checked="" type="checkbox"/>

12. 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.

9-21-94:

Load annulus w/ produced brine and allow to set open 1 hour. RU pump and pressure annulus to 580 psi, leaks off to 250 psi. Surface valve leaking. Repair leak and re-pressure annulus to 580 psi. SI \pm 32 minutes, SICP 540. Bleed pressure and SWI.

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

SIGNATURE R. F. Burke TITLE Operations Manager DATE 2-20-95
TYPE OR PRINT NAME R. F. Burke TELEPHONE NO. 915-687-5955

(This space for State Use)

APPROVED BY FOR RECORD ONLY TITLE DATE FEB 22 1995

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.

DAY

NIGHT

