

REFER ICE SHEET FOR
UNDESIGNATED WELLS

1. Date:	11/14/02
2. Type of Well:	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well
3. County:	Lea

1. Operator Name:		API NUMBER	
matador Operating Co		30-025-20528	
5. Address of Operator:			
310 W Wall Suite 900 midland TX 79701			
7. Lease name or Unit Agreement Name:		7. Well No.	
Kemnitz Deep LF 29		2	
8. Well Location			
Unit Letter E : 2018 feet from the N line and 818 feet from the W line			
Section 29 Township 10S Range 34E NMPM			
9. Completion Date:		11. Perfs top bottom	
11/09/02		12206 12216	
10. Name of Producing Formation:		12. Open Hole casing shoe PBTD or TD	
Strawn			
14. C-123 Filed:		15. Name of Pool Requested:	
		Kemnitz Strawn (35360)	
16. Remarks			
Ex-1			

TO BE COMPLETED BY DISTRICT GEOLOGIST

17. POOL NAME			18. POOLID #		
T	S, R	E	T	S, R	E
Sec			Sec		
Sec			Sec		
Sec			Sec		

19. ADVERTISED FOR HEARING:		20. CASE NUMBER:	
21. Name of pool for which was advertised.			
22a. Placed in Pool		22b. By order number	