

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 March 25, 1999

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

WELL API NO.

30-025-27458

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

310 W. Wall, Suite 906 Midland, TX 79701

4. Well Location

Unit Letter K : 2310 feet from the South line and 1480 feet from the West line

Section 30

Township 16S

Range 34E

NMPM

Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE
COMPLETION ☐

OTHER:

TA

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ☐

ABANDONMENT

CASING TEST AND
CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

POH w/ Tbg & Pkr @ 13183'. RU EL unit. Set 10K CIPB @ 12650' (100' above perf from 12750-64). Dump bail 35' cement on top of CIPB. New PBTD @ 12615'. Load casing with 10 PPG Brine. Test casing to 500 psi for 30 minutes. Notify OCD prior to testing plug & casing.

THE COMPANY SIGNATURE NOTIFIED 24
HOURS BEFORE THE BEGINNING OF
WORKING PERIODS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE

Russ Mathis

TITLE

Production Manager

DATE 7/19/2002

Type or print name

Russ Mathis

Telephone No. (915) 687-5955

(This space for State use)

APPROVED BY

TITLE

DATE

JUL 23 2002

Conditions of approval, if any: