Form 3160-5 (RECEIVED)
(June 1990)

JUL 16 10 40 AM '92

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
# BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM 67994

6. If Indian, Allottee or Tribe Name

*SUBMIT IN TRIPLICATE*

7. If Unit or CA, Agreement Designation

| 1. Type of Well | |
|---|---|
| ☒ Oil Well  ☐ Gas Well  ☐ Other | |

8. Well Name and No.

Arco Federal 29 Com #1

2. Name of Operator

Matador Operating Company

9. API Well No.

30-025-31537

3. Address and Telephone No.

415 W. Wall, Suite 1101, Midland, TX  79701-4410

10. Field and Pool, or Exploratory Area

Wolfcamp, Corbin, S.

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FEL, 2130' FSL

11. County or Parish, State

Sec. 29-18S-33E

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|---|
| ☐ Notice of Intent | ☐ Abandonment | ☐ Change of Plans |
| | ☐ Recompletion | ☐ New Construction |
| ☒ Subsequent Report | ☐ Plugging Back | ☐ Non-Routine Fracturing |
| | ☐ Casing Repair | ☐ Water Shut-Off |
| ☐ Final Abandonment Notice | ☐ Altering Casing | ☐ Conversion to Injection |
| | ☐ Other Correction on 3160-4 | ☐ Dispose Water |
| | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form ) |

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Correction:  Form 3160-4 on referenced well:  #24 - "Producing Interval" should read -

Wolfcamp (Querecho) 11,095 - 11,280'

7 1992
SJS

14. I hereby certify that the foregoing is true and correct

Signed _____  Title _Operations Manager_____  Date _7-14-92_____

(This space for Federal or State office use)

Approved by _____  Title _____  Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side