

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Arco Federal "29" Com

9. API Well No.

1

10. Field and Pool, or Exploratory Area

Corbin Wolfcamp, South

11. County or Parish, State

Lea, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Matador Operating Co.

3. Address and Telephone No.

415 W. Wall St., Suite 1101, Midland, TX 79701-4410 915/687-5955

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

2130 FSL; 660 FEL  
Sec. 29-T18S-R33E

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☒ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)\*

Change wellhead configuration to 3000 psi WP, 6000 psi TP casinghead on 13-3/8" casing, run and cement 8-5/8" casing string and remove 13-3/8" head, install 8-5/8", 3000 psi WP, 6000 psi TP casinghead w/ 3000# WP x 5000# WP "B" section adaptable for 5000 psi BOP. See attached diagram.

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

Signed

*R. B. B...*

Title Operations Manager

Date

4/28/91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

5/11/92