

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator <u>Matador Operating Company</u>	8. Well Name and No. <u>Federal Lek "28" Com. #1</u>
3. Address and Telephone No. <u>415 W. Wall, Suite 1101, Midland, TX 79701-4410 915-687-5955</u>	9. API Well No. <u>30-025-31590</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>810' FSL; 660' FEL</u> <u>Sec. 28-18S-33E</u>	10. Field and Pool, or Exploratory Area <u>Corbin Wolfcamp South</u>
	11. County or Parish, State <u>Lea, New Mexico</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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.)*

Propose to drill subject well as described in APD approved 4-28-92 except to move location as shown to 810' FSL; 660' FEL, a move of 150' due North. Archaeological Survey of additional area to be supplied under separate cover. Acreage dedication plat attached as well as Exhibit "B" well site layout revised for new spot location. All other pertinent information to be as approved on original APD.

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

Signed [Signature] Title Operations Manager Date 7-20-92

(This space for Federal or State office use)

Approved by [Signature] Title REGIONAL MANAGER Date 7/30/92
Conditions of approval, if any:

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

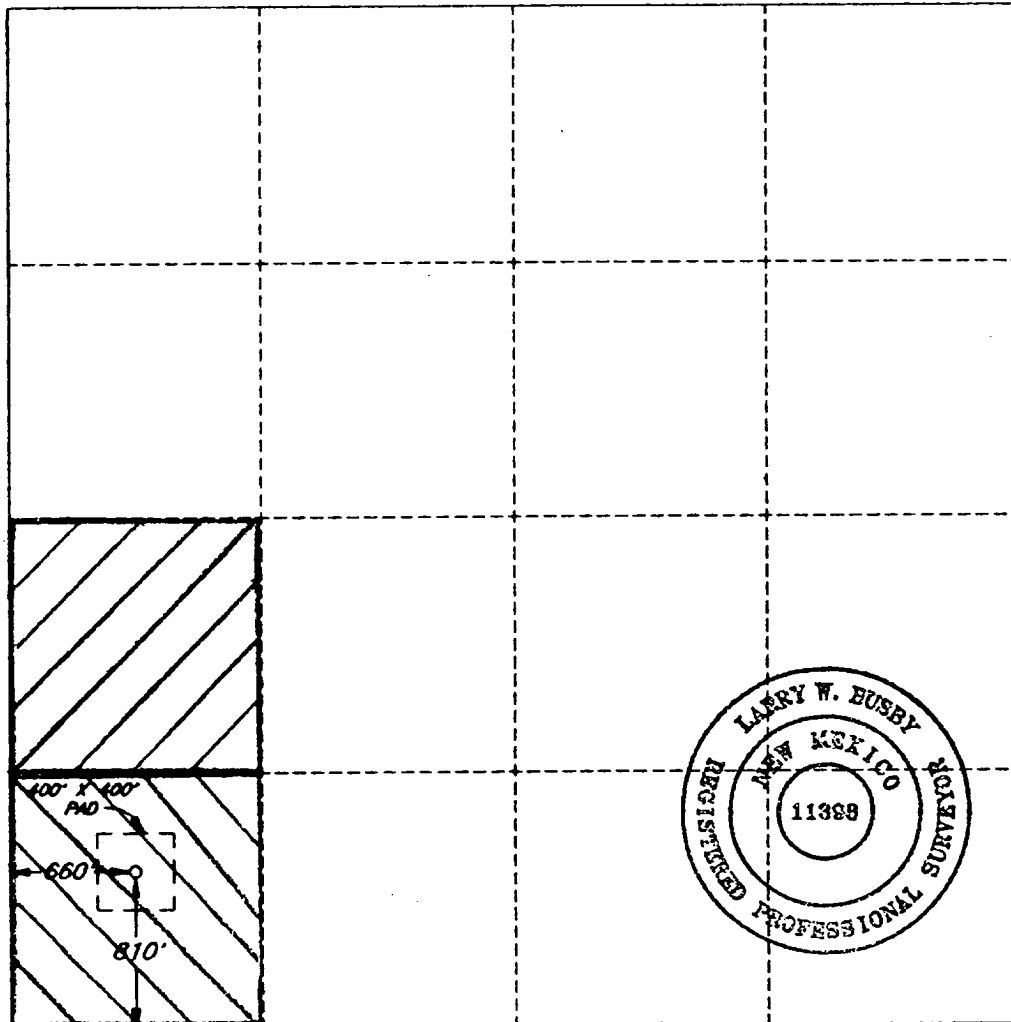
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the section

Operator MATADOR OPERATING CO.			Lease FEDERAL LEK "28" COM		Well No. 1
Unit Letter M	Section 28	Township 18-SOUTH	Range 33-EAST	NMPM	County LEA
Actual Footage Location of Well 810' feet from the SOUTH line and 660' feet from the WEST line					
Ground Level Elev. 3774'	Producing Formation WOLFCAMP		Pool CORBIN SOUTH		Acres 80

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all the owners been consolidated by communitization, unitization, forced-pooling, etc.?
☐ Yes ☐ No If answer is "yes", type of consolidation _____
If the answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use the reverse side of this form if necessary.) All working interest owners have agreed to be communitized.
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the division.



OPERATOR CERTIFICATION

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

Signature: *[Signature]*
Printed Name: **R.F. BURKE**
Position: **OPERATIONS MGR**
Company: **MATADOR OPER. CO.**
Date: **7/20/92**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: **JULY 13, 1992**
Signature and Seal of Professional Surveyor: *[Signature]*
Certificate No.: **LARRY W. BUSBY R.P.S. #11398**
JOB #88870 V.H.B.