

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells)

30 025-32410

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Shelley 5

2. Name of Operator

Matador Operating Company

8. Well No.

1

3. Address of Operator

415 W. Wall, Ste 1101, Midland, TX 79701

9. Pool name or Wildcat

Wildcat Lexington Abo

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 5 Township 17S Range 37E NMPM Lea County

10. Proposed Depth

9000

11. Formation

Abo

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3799' GL

14. Kind & Status Plug. Bond

15. Drilling Contractor

Ziadri

16. Approx. Date Work will start

2-2-94

17. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 17-1/2 | 13-3/8 | 48# | 300 | 400 | Surface |
| 11 | 8-5/8 | 24#/32# | 4200 | 1100 | Surface |
| 7-7/8 | 5-1/2 | 15.5#/17# | 9000 | 250 | 7500' |

Drill 9000' Drinkard/Abo test. Pressure control w/ double ram, 3000 psi BOP stack during 11" and 7-7/8" hole interval.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

R. F. Burke

TITLE

Operations Manager

DATE 1-25-94

TYPE OR PRINT NAME

R. F. Burke

TELEPHONE NO. 915-687-5955

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

JAN 27 1994

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OIL CONSERVATION DIVISION

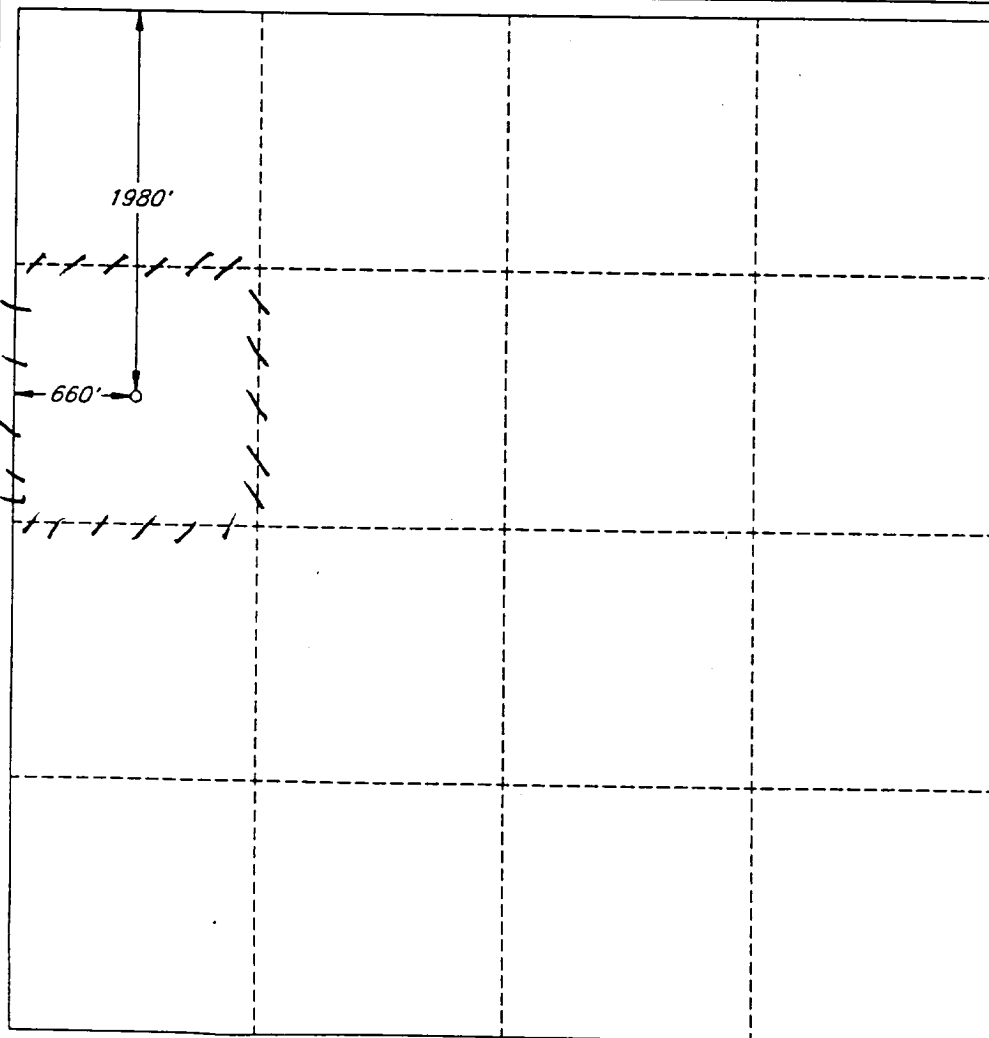
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the section.

| | | | | | |
|--|--|-----------------------------|-----------------------------------|----------------------|-------------------------|
| Operator MATADOR OPERATING COMPANY | | | Lease SHELLEY '5' | | Well No. 1 |
| Unit Letter E | Section 5 | Township 17 SOUTH | Range 37 EAST, N.M.P.M. | County LEA | |
| Actual Footage Location of Well | | | | | |
| 1980' feet from the | | NORTH | line and | 660 | feet from the WEST line |
| Ground Level Elev. 3799' | Producing Formation Drinkard ABC | | Pool Wildcat Livingston | 40 Acres | |

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.) _____
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

Printed Name

R. F. Burke

Position

Operations Manager

Company

Matador Operating Corp.

Date

1-25-94

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

Signature and Seal of
Professional Surveyor

BEZNER
NO. 7920

Certification No.

V. L. BEZNER R.P.S. #7920