

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil Cor Division  
1613 N. French Dr.  
Albuquerque NM 88240

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM-4314</b>
2. Name of Operator <b>Matador Operating Company</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>310 W. Wall, Ste 906 Midland, TX 79701 915-687-5955</b>	7. If Unit or CA, Agreement Designation <b>NMNM101345</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Sec. 5, T19S R34E 660' FSL &amp; 1650' FWL</b>	8. Well Name and No. <b>Pipeline Deep Fed C.5-</b>
	9. API Well No. <b>30-025-34259</b>
	10. Field and Pool, or Exploratory Area <b>Quail Ridge Morrow</b>
	11. County or Parish, State <b>Lee County</b>

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

Producing Formation - Morrow

Amount Produced: 7 BWP

Water Analysis: Chlorides 29542 PPM, Total dissolved solids 52092 mg/L  
Sulfates 505 PPM, 5.5 PH

Water is stored on lease in a 210 bbl FG Tank

The water is trucked by MacLaskey Oilfield Services, Inc. to the following:

Operator: Basin Alliance LLC

Well Name: State AJ #1

Well Type: SWD

Well Location: Sec.33 T18S R36E Lea County, NM

Permit #OCD/SWD 1190 CD R-8166

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

Signed Russ Mathis Title Production Manager Date 1/18/00

(This space for Federal or State office use)

Approved by DAVID A. GLASS Title PETROLEUM ENGINEER Date JAN 27 2000

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it unlawful for any person to knowingly and willfully make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

See Instruction on Reverse Side

GW

100-1000

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