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State of New Mexico

Form C-103

to Appropriate District Office Energ, Minerals and Natural Resources Department Revised 1-1-89 DISTRICTI OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-31688 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E-1587 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL OIL. X Pearl 29 OTHER 2. Name of Operator 8. Well No. Matador Operating Co. 3. Address of Operator 9. Pool name or Wildcat 415 W. Wall, Ste 1101, Midland, TX 79701 Pearl San Andres, West 4. Well Location N : 330 Feet From The $_{\text{Line and }}_1650$ South Unit Letter _ Feet From The Line 29 Township 195 Section 35E l e a Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Drilled 7-7/8" hole to 6000'. Ran 133 JTS 5-1/2", 15.5#, J-55, LT&C R-3 new csg. Set @ 5987'KB. Halliburton cemented w/1100 sx Class H $_2$ Gel, 2% salt, .2% HR7, $_1$ /4#/sk Locele mixed @ 12.1 ppg w/2.64 ft $_3$ /sk yield. Tail in w/165 sx 59-50 poz 2% Gel, 3 ppg KCL, .4% Halad 322 mixed 0 14.4 ppg w/1.28 ft /sk yield. Circ 90 sx cement to pit. PD @ 3:00 AM 10-2-92. Float held.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR APPROVED BY TITLE	OCT 2 8 '92
TYPE OR PRINT NAME R. F. Burke	915 – 687 – 5955 тылынын мо.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE TITLE	perations Manager DATE 10-26-92