Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Kevisea 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 2088  DISTRICT II Santa Fe New Mexico 87504-2088	30-025-31688
P.O. Drawer DD, Anesia, NM 88210	5. Indicate Type of Lease  STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	
OIL GAS WELL X WELL OTHER	Pearl 29
2. Name of Operator	8. Well No.
Matador Operating Co.	1
3. Address of Operator	9. Pool name or Wildcat
415 W. Wall, Ste 1101, Midland, TX 79701  4. Well Location	Pearl San Andres, West
Unit Letter N: 330 Feet From The South Line and 1650	O Feet From The West Line
Section 29 Township 19S Range 35E	NMPM Lea County
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARII V ARANDON	ALTERING CASING
TEMPORARILY ABANDON	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	EMENT JOB X
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	iding estimated date of starting any proposed
Spudded 12-1/4" hole @ 7:30 PM (MST) $10$ -8-92. hole to 431' KB. Ran 10 jts 8-5/8", 24#, J-55 Set @ 430' KB. Halliburton cemented w/325 sx 2% CaCl2, 1/4 #/sk Flocele. Displaced w/fresh 120 sx cement to pit. PD @ 9:00 AM 10-9-92. csg to 1000 psi and holds 0K.	5, ST&C new casing. Class C cement, water. Circ
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE TITLE Operations  TYPE OR PRINT NAME R. F. Burke  (This space for State Use)	Manager DATE 10-12-92 915-687-5955
APPROVED BY	DATE