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## State of New Mexico

Form C-103

to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-31901 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE 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: Lea AQ State WELL X WELL OTHER 2. Name of Operator 8. Well No. Matador Operating Company 3. Address of Operator 9. Pool name or Wildcat 415 W. Wall, Ste 1101, Midland, TX<sup>.</sup>79701 Pearl San Andres, West 4. Well Location Unit Letter \_\_\_ : 330 Feet From The West  $_{--}$  Line and  $_{-}$  1650South Feet From The Line 29 Section 19S ship 195 Range 35E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township Lea **NMPM** County 3765.5 KB 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 TD well @ 6:15 PM (CST) 3-11-93 @ 5920' KB. Western Atlas logged with Dual Laterolog, Compensated Neutron, Density, Long Spaced Acoustic. LTD 5912. Ran 133 jts 5-1/2", 15.5#, J-55, LT&C casing (new). Set @ 5919'KB. Western Cemented with 725 sx Class H, 16% gel, 3% salt, 1/4#/sack celloseal. Tail in with 100 sx Class H, .4% CF-14, 5#/sack CSE. Circ 10sx to pit. Plug down @ 2:30 PM (CST) 3-13-93.

I hereby certify that the information above it true and complete to the best of my known signature	wbcdge and belief. THILE Operations Manager	3-15-93
TYPEOR PRINT NAME R. F. Burke		915-687-5955 TELEPHONE NO.
(This space for State Use)  Historicans Discrete State 28 28 28 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
APTROVED BY  CONDITIONS OF APTROVAL, IF ANY:	m.e	DATE