Submit I Copy To Appropriate District Office	State of New Me	Form C-103			
District I - (575) 393-6161	Energy, Minerals and Natu	ral Resources	Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.	30-025-44499	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type		
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran			Ø FEE □	
District IV - (505) 476-3460	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fc, NM 87505					
	ICES AND REPORTS ON WELLS		7. Lease Name	or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL					
PROPOSALS.)	Vitalizer State 8. Well Number 502H				
1. Type of Well: Oil Well					
2. Name of Operator	Resource Production, LLC		9. OGRID Number 372165		
3. Address of Operator	Resource Floduction, LLC		10. Pool name or Wildcat		
1001 17th Street, Suite 1800, Denv	rer, CO 80202		To roomanio or wheele		
4. Well Location					
Unit Letter P:	298 feet from theSouth li	ne and452	feet from the	Eastline	
Section 33	Township 21S Range	34E N	MPM C	County Lea	
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.))		
Letter and the later time of the state of	3632.4'			Witness Committee Committe	
	Appropriate Box to Indicate N		•		
	NTENTION TO:		SEQUENT RE	_	
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐		REMEDIAL WOR		ALTERING CASING P AND A	
PULL OR ALTER CASING		CASING/CEMENT			
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM	<u></u>			_	
OTHER:	lated assertions. (Classic state all	OTHER:	4	too including actimated data	
	pleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion.				
Centennial Resource Production is	submitting the completion sundry for	r the Vitalizer State	502H.		
Top of Cement:					
13.375" Surface Casing - Cement of					
9.625" Intermediate Casing – Stage 5.5" Production Casing – Cement c	1: Estimated TOC @ 2096'; Stage irculated to surface	2: Cement circulate	ed to surface	HOBBS)	
			1		
Perforation Date: 05/02/2018				JUN 062018	
Perforated Interval: 10,637' - 15,064' Frac Dates: 05/10/2018 - 05/15/2018					
11ac Dates. 03/10/2016 - 03/13/20	10			RECEIVED	
				MEG	
	_				
Spud Date: 03/09/2018	Rig Release Da	04/23/2018			
Spud Date.	Nig Kelease Da	nc.			
I hereby certify that the information	above is true and complete to the be	est of my knowledge	e and belief.		
		,			
CYCNIATIUM -	1		Ph . 20000	20/2016	
SIGNATURE	TITLE_Sr. R	egulatory Analyst _	DATE05/2	22/2018	
Type or print name Sarah Ferrevro	os_ E-mail address: _Sarah.Ferreyr	os@cdevinc.com	PHONE: 720-	499-1454	
For State Use Only				MACON AND AND AND AND AND AND AND AND AND AN	
the state of the s	Alana - At	11 m	MC201	/ / 10	
APPROVED BY: The Conditions of Approval (if any):	Tharp TITLE DE	y mar	D	ATE 6-6-18	

District I Form C-103 State of New Mexico August 1, 2011 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 **Energy, Minerals and Natural** Permit 252590 District II 811 S. First St., Artesia, NM 88210 Resources Phone:(575) 748-1283 Fax:(575) 748-9720 WELL API NUMBER District III 30-025-44499 1000 Rio Brazos Rd., Aztec, NM 87410 Oil Conservation Division Phone:(505) 334-6178 Fax:(505) 334-6170 5. Indicate Type of Lease **District IV** 1220 S. St Francis Dr. S 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 6. State Oil & Gas Lease No. Santa Fe. NM 87505 7. Lease Name or Unit Agreement SUNDRY NOTICES AND REPORTS ON WELLS Name VITALIZER STATE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: 8. Well Number 502H 2. Name of Operator 9 OGRID Number CENTENNIAL RESOURCE PRODUCTION, LLC 372165 10. Pool name or Wildcat 3. Address of Operator 1001 17th Street Suite 18, Denver, CO 80202 4 Well Location Unit Letter P 330 line and feet 450 feet from the S from the E Section 218 Range 34E NMPM County Lea Township 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3629 GR Pit or Below-grade Tank Application or Closure __ Depth to Groundwater_ _ Distance from nearest fresh water well_ __ Distance from nearest surface water_ Pit Liner Thickness: __ mil Below-Grade Tank: Volume bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTER CASING TEMPORARILY ABANDON CHANGE OF PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB X Other: Other: Perforations/Tubing 13. 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. For Multiple Completions. Attach wellbore diagram of proposed completion or recompletion. Well was perforated 05/02/2018-05/15/2018. Perforations Pool: GRAMA RIDGE; BONE SPRING, 28430 Location: A -33-21S-34E 330 N 450 E TOP BOT Open Hole Shots/ft Shot Size Stimulation Amount 14919 15064 317856 N 6 0.4 SlickWater Acid 14919 15064 6 0.4 260740 N Sand Frac 10637 14919 N 4 0.4 SlickWater Acid 9887804 10637 14919 N 0.4 Sand Frac 11313930 **Tubing** I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines __, a general permit __ or an (attached) alternative OCD-approved plan __ SIGNATURE TITLE DATE Type or print name E-mail address Telephone No. For State Use Only:

TITLE

APPROVED BY:

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Sou	utheastern New Mexico	Northwestern New Mexico			
T. Anhy	T. Miss	T. Ojo Alamo	T. Penn 'C'		
T. Salt	T. Devonian	T. Kirtland-Fruitland	T. Penn 'D'		
B. Salt	T. Siluro-Devonian	T. Pictured Cliffs	T. Leadville		
T. Yates 3806 TVD	T. Montoya	T. Cliff House	T. Madison		
T. 7 Rivers	T. Simpson	T. Menefee	T. Elbert		
T. Queen	T. McKee	T. Point Lookout	T. McCracken		
T. Grayburg	T. Ellenburger	T. Mancos	T. Ignacio Otzte		
T. San Andres	T. Gr. Wash	T. Gallup	T. Granite		
T. Glorieta	T. Bone Springs8447 TVD	Base Greenhorn	T. Poison Canyon		
T. Paddock	T. Santa Rosa	T. Dakota	T. Raton		
T. Blinebry	T. Cimaron Anhy.	T. Morrison	T. Vermejo		
T. Tubb	T. Hueco	T. Todilto	T. Trinidad SS		
T. Drinkard	Manzanita Lime 5975 TVD	T. Entrada	T. Pierre		
T. Abo	Brushy Canyon 6827 TVD	T. Wingate	T. Niobrara		
T. Wolfcamp	Capitan Reef 4339 TVD	T. Chinle	T. Sangre De Cristo		
T. Wolfcamp B Zone	Cherry Canyon 5673 TVD	T. Permian	T. Magdalena		
T. Cisco	Second Bone Spring Carbonate9752 TVD	T. Penn 'A'	Delaware		
T. Canyon	Second Bone Spring Sand10100 TVD	T. Penn 'B'			
T. Strawn	Avalon Shale 8629 TVD				
T. Atoka	First Bone Spring Sand9554 TVD]			
			OIL OR CAS		

OIL OR GAS SANDS OR ZONES

No. 1, from	to			No. 3,	No. 3, from			to	
No. 2,				No. 4,	***************************************		to		
from				from					
			IMPO	ORTANT W	ATER SAND	S			
Include data	on rate of	f water inflo	w and elevation	to which w	ater rose in h	nole.			
No. 1, from			to		fee				
No 2 from			to		fee	et			
No 3 from			to		fee				
		LITH	OLOGY RECO	RD (Attach	additional sh	neet if ned	cessary)		
From	То	Thickness In Feet	Lithology		From	То	Thickness In Feet	Lithology	