

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-40566
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Centennial Resource Production, LLC		6. State Oil & Gas Lease No. VB11790000
3. Address of Operator 1001 17th Street, Suite 1800 Denver, CO 80202		7. Lease Name or Unit Agreement Name Pirate State
4. Well Location Unit Letter O : 460 feet from the south line and 1650 feet from the east line Section 16 Township 24S Range 34E NMPM County Lea		8. Well Number 1H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3527' GL		9. OGRID Number 372165
		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Artificial Lift Change <input checked="" type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Centennial began operations to change the method of artificial lift for this well on 7/5/2017, and successfully completed operations on 7/13/17. This well is now on pumpjack.

Should you have any questions or concerns, please feel free to contact me at the email address or phone number below.

Spud Date:

5/30/2012

Rig Release Date:

8/30/2014

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Heidi Kaczor TITLE Regulatory Manager DATE 7/18/2017

Type or print name Heidi Kaczor E-mail address: heidi.kaczor@cdevinc.com PHONE: (720) 499-1422
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 07/20/17
Conditions of Approval (if any):