Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283	OIL CONSERVATION DIVISION	30-025-44499
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Vitalizer State
PROPOSALS.)		8. Well Number 502H
Type of Well: Oil Well    Gas Well    Other      Name of Operator		9. OGRID Number 372165
Centennial Resource Production, LLC		9. OGRID Number 3/2105
3. Address of Operator		10. Pool name or Wildcat
1001 17th Street Suite 1800 Denver, CO 80202		Grama Ridge; Bone Spring (28430)
4. Well Location		
Unit Letter P : 300 feet from the South line and 450 feet from the East line		
Section 33		34E NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
3629.0'		
12. Charle Associate Dente Indicate Nature Chlorice Dente of Charles		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II	NTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		NT JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	OTHER: Rig Re	elease
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.		
Rotary Rig was released from location on 4/23/2018 @ 1:00am.		
2018		
APR 222018 RECEIVED		
Arri		AFT
		SECENT
		RL
03/09/2018	Bio Rolesso Date: 04/23/2011	3
Spud Date: 03/09/2018	Rig Release Date: 04/23/201	
Name and the state of the state		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is the unit complete to the best of my knowledge and belief.		
SIGNATURE TITLE Sr. Regulatory Analyst DATE 04/23/2018		
SIGNATURE 11 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLESr. Regulatory Analys	stDATE04/23/2018
Type or print name _Melissa Luke		DATE 04/23/2018 devinc.com PHONE: _720-499-1482
		devinc.com PHONE: _720-499-1482
Type or print name _Melissa Luke		