

HOBBS OCD
SEP 10 8 2018
RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.

30-025-44426

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pirate State

8. Well Number

301 H

9. OGRID Number

372165

10. Pool name or Wildcat

Red Hills; Bone Spring, N

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Centennial Resource Production, LLC

3. Address of Operator

1001 17th Street, Suite 1800, Denver, CO 80202

4. Well Location

Unit Letter P : 377 feet from the South line and 1180 feet from the East line

Section 16 Township 24S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3530.1

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: Completion ☒

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.

8/2/18 - 8/7/18 Frac 21 stages 10,474 - 15,336 w/ 12,176,696# 100 mesh and
 235,177 bbls slick water. Perf size .41, 1388 holes.

8/12/18 Drill out plugs. PBTD 15,302.

8/13/18 Turn well to production. Well is flowing on a 64/64 choke.

Spud Date:

3/3/18

Rig Release Date:

7/31/18

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

SIGNATURE

K.C.

TITLE SR. Regulatory Analyst DATE 9/10/18

Type or print name Kanicia Castillo

E-mail address: kanicia.castillo@cdevinc.com

PHONE: 720-499-1537

For State Use Only

APPROVED BY:

Karen Sharp

TITLE

Staff Mgr

DATE 9-18-18

Conditions of Approval (if any):