

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

Form C-103
Revised July 18, 2013

HOBBBS DCD
NOV 14 2018
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-025-45063
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.
3. Address of Operator 1001 17th Street, suite 1800, Denver, CO 80202		7. Lease Name or Unit Agreement Name Mortal Kombat 36 State Com
4. Well Location Unit Letter M : 300 feet from the South line and 900 feet from the West line Section 36 Township 22S Range 34E NMPM County Lea		8. Well Number 502H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383 GR		9. OGRID Number 372165
		10. Pool name or Wildcat Ojo Chiso; Bone Spring, South

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: Completion	<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.

9/21/18 Tested production csg to 10,524# for 30min, good test.

9/28/18 - 10/4/18 Perf & Frac 10,687 - 15,337 21 stages, 1062 holes. Frac w/10,095,960 gals of slick water and 11,661,880# 100 mesh sand.

10/5/18 Drill out plugs. PBD @ 15,352.

10/7/18 Turn to Production. Flowing on a 64/64 choke.

Spud Date:

9/2/18

Rig Release Date:

9/16/18

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 **10/30/18**

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 **11-7-18**

Conditions of Approval (if any):