Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (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	30-025-45264
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1000 0 11 0 5 65	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460		
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8750	
CLINIDAY NOT	ICES AND REPORTS ON WELL	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	Santa Fe, NM 87505 ICES AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN OR PAGE BACKTO A CAST WOLL Cast Wol	Duck Hunt 1 State Com
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 301H
2. Name of Operator Centent	nial Resource Prod, LLC	9. OGRID Number 372165
3. Address of Operator 1001 17th Street	, Suite 1800, Denver, CO 80202	10. Pool name or Wildcat Antelope Ridge; Bone Spring
4. Well Location		
Unit Letter I :	2340 feet from the South line and 8	01feet from theEastline
Section 1	Township 23S Range 34E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
	3364.5'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IT		SEQUENT REPORT OF: K
TEMPORARILY ABANDON		
PULL OR ALTER CASING		<u>—</u>
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER: Cancel APD	OTHER:	П
	pleted operations. (Clearly state all pertinent details, and	d 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 Resource Prod, LLC would like to request to cancel the APD for		
the Duck Hunt 1 State Com 301H well. We will be re-submitting a new permit		
with the same well name to change the surface hole location.		
Spud Date:	Rig Release Date:	
-		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE . DV	TITLE Sr. Regulatory	Analyst DATE 01/25/2019
Type or print name Sarah Fe	rreyros E-mail address:	PHONE: 720-499-1454
For State Use Only	etroleum Engine	iop .
APPROVED BY:	TITLE TITLE	DATE 01/24/19
Conditions of Approval (if any):		