

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

WELL API NO. <b>30-025-44425</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Pirate State</b>
8. Well Number <b>103H</b>
9. OGRID Number <b>372165</b>
10. Pool name or Wildcat <b>Red Hills; Bone Spring, N 96434</b>

**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 **1150** feet from the **East** line  
Section **16** Township **24S** Range **34E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3530 GL**

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

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: MIT for TA <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.

2/2/2020 Remove cellar grating. Rig up Torque unit on TA flange. RU test truck. Perform integrity test to 550psi for 30 mins, good test. Final pressure 545. RD, install cellar cover. Well TA'd. TA cap secure, valves closed and cellar grating installed. Notification was made to OCD, Kerry Fortner on 1/30/2020 at 1554hrs.

Please see attached MIT chart.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 2-2-25  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: *XJ*

Spud Date:

3/1/18

Rig R

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

SIGNATURE

*K. Schlichting*

TITLE **Sr. Regulatory Analyst**

DATE **2/05/2020**

Type or print name **Kanicia Schlichting**

E-mail address: **kanicia.schlichting@cdevinc.com**

PHONE: **720-499-1537**

For State Use Only

APPROVED BY:

*Kerry Fortner*

TITLE **CO**

*A*

DATE **2-10-20**

Conditions of Approval (if any):



