

HOBBS OCU
FEB 10 2020
RECEIVED
OIL CONSERVATION DIVISION
220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-462835. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Chorizo 12 State Com8. Well Number **602H**9. OGRID Number
37216510. Pool name or Wildcat
Ojo Chiso; Bone Spring

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 **K** : **1478** feet from the **South** line and **1712** feet from the **West** lineSection **36** Township **21S** Range **34E** NMPM County **LEA**

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

3634 GR

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.

01/14/20 Test production casing to 10,600 psi for 30 mins, good test.

01/15/20 - 01/29/20 Perf & Frac 41 stages 11,476 - 21,213 w/ 20,256,938 gals slick water, 24,003,643# 100 mesh sand. 2202 holes.

01/31/20 Drill out plugs out. PBTD @ ~~21,222~~ 21,222 '

02/01/20 Turn well over to production. Flowing casing.

Spud Date:

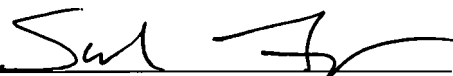
11/14/19

Rig Release Date:

12/02/19

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

SIGNATURE

TITLE **Regulatory Lead**DATE **02/05/20**

Type or print name

Sarah Ferreyros

E-mail address:

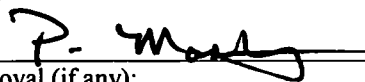
sarah.ferreyros@cdevinc.com

PHONE:

720-499-1454

For State Use Only

APPROVED BY:



TITLE

L.M.

DATE

2/12/2020

Conditions of Approval (if any):