

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. 30-025-43234	
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 Vitalizer State	
8. Well Number 1H	
9. OGRID Number 372165	
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3682' GL	

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 D : 200 feet from the north line and 350 feet from the west line  
Section 33 Township 21S Range 34E NMPM County Lea

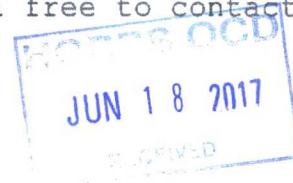
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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: Artificial Lift Change <input checked="" type="checkbox"/>		OTHER: <input 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.

Centennial will be changing the method of artificial lift for this well from an ESP to gas lift. We propose to begin workover operations on July 19, 2017.

Should you have any questions or concerns, please feel free to contact me at the email address or phone number below.



Spud Date:

7/20/2016

Rig Release Date:

8/14/2016

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

SIGNATURE Heidi Kaczor TITLE Regulatory Manager DATE 7/18/2017

Type or print name Heidi Kaczor E-mail address: heidi.kaczor@cdevinc.com PHONE: (720) 499-1422

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 07/18/17

Conditions of Approval (if any):