

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; color: red; font-weight: bold; font-size: 1.2em;"> HOBBBS MAY 08 2018 RECEIVED </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505 </div> </div>	Form C-103 August 1, 2011 Permit 251973																				
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 NUMBER 30-025-44289 5. Indicate Type of Lease S 6. State Oil & Gas Lease No.																				
1. Type of Well: O		7. Lease Name or Unit Agreement Name TOUR BUS 23 STATE																				
2. Name of Operator CENTENNIAL RESOURCE PRODUCTION, LLC		8. Well Number 301H																				
3. Address of Operator 1001 17th Street Suite 18, Denver, CO 80202		9. OGRID Number 372165																				
4. Well Location Unit Letter <u>D</u> : <u>310</u> feet from the <u>N</u> line and feet <u>330</u> from the <u>W</u> line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM County <u>Lea</u>		10. Pool name or Wildcat																				
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3489 GR																						
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Perforations/Tubing <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: Perforations/Tubing <input checked="" type="checkbox"/>	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>																			
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>																			
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>																				
Other: _____		Other: Perforations/Tubing <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well was perforated from 04/04/2018 - 04/12/2018. Artificial Lift placed in well 04/26/2018.																						
Perforations Pool: OJO CHISO; BONE SPRING , 96553 Location: D -23-22S-34E 309 N 330 W																						
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount															
13371	13592	N	6	0.41	Sand	Frac	9966140															
13371	13592	N	6	0.41	SlickWater	Acid	9034704															
9852	13592	N	4	0.41	Sand	Frac	9966140															
9852	13592	N	4	0.41	SlickWater	Acid	9034704															
Tubing OJO CHISO;BONE SPRING , 96553																						
Tubing Size 2.875	Type L-80	Depth Set 9074	Packer Set 9053																			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																						
SIGNATURE Type or print _____	Digitally signed by Melissa Luke DN: cn=Melissa Luke, c=US, o=Centennial Resources Production, LLC, ou=Sr. Regulatory Analyst, email=melissa.luke@cdevinc.com Date: 2018.05.08 10:51:07 -0600	TITLE Sr. Regulatory Analyst E-mail address melissa.luke@cdevinc.com	DATE 05/08/2018 Telephone No. 720-499-1482																			
For State Use Only: APPROVED BY: TITLE DATE 5-8-18																						

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Miss	T. Ojo Alamo	T. Penn 'C'
T. Salt	T. Devonian	T. Kirtland-	T. Penn 'D'
B. Salt	T. Siluro- Devonian	Fruitland	
T. Yates	T. Montoya	T. Pictured Cliffs	T. Leadville
T. 7 Rivers	T. Simpson	T. Cliff House	T. Madison
T. Queen	T. McKee	T. Menefee	T. Elbert
T. Grayburg	T. Ellenburger	T. Point Lookout	T. McCracken
T. San Andres	T. Gr. Wash	T. Mancos	T. Ignacio Otzte
T. Glorieta	T. Bone Springs	T. Gallup	T. Granite
T. Paddock	T. Santa Rosa	Base	T. Poison
T. Blinebry	T. Cimaron Anhy.	Greenhorn	Canyon
T. Tubb	T. Hueco	T. Dakota	T. Raton
T. Drinkard	Manzanita Lime 6033 MVD	T. Morrison	T. Vermejo
T. Abo	Cherry Canyon 5708 MVD	T. Todilto	T. Trinidad SS
T. Wolfcamp	Capitan 3799 MVD	T. Entrada	T. Pierre
T. Wolfcamp B Zone	Brushy Canyon 7118 MVD	T. Wingate	T. Niobrara
T. Cisco	1st Bone Spring 9563 MVD Sand	T. Chinle	T. Sangre De Cristo
T. Canyon	Leonard Shale 8633 MVD	T. Permian	T. Magdalena
T. Strawn	Bone Spring 8493 MVD Lime	T. Penn 'A'	Delaware
T. Atoka		T. Penn 'B'	

No. 1, from	to	No. 3, from	to
No. 2, from	to	No. 4, from	to

Include data on rate of water inflow and elevation to which water rose in hole.

includes data on rate of water flow and elevation to which water rose in hole.

No. 1, from	to	feet
No. 2, from	to	feet
No. 3, from	to	feet

From	To	Thickness In Feet	Lithology