

HOBBS OCD

JUL 13 2018

RECEIVED

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	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 254762
		WELL API NUMBER 30-025-44615
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.

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.)	7. Lease Name or Unit Agreement Name TOUR BUS 23 STATE
1. Type of Well: O	8. Well Number 506H
2. Name of Operator CENTENNIAL RESOURCE PRODUCTION, LLC	9. OGRID Number 372165
3. Address of Operator 1001 17th Street Suite 18, Denver, CO 80202	10. Pool name or Wildcat

4. Well Location Unit Letter <u>A</u> : <u>300</u> feet from the <u>N</u> line and feet <u>625</u> from the <u>E</u> line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>

11. Elevation (Show whether DR, KB, BT, GR, etc.) 3474 GR
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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 NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Perforations/Tubing <input checked="" type="checkbox"/>
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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 06/20/2018 - 06/29/2018.

Perforations							
Pool: OJO CHISO; BONE SPRING, 96553 Location: P -23-22S-34E 51 S 318 E							
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
15090	15190	N	6	0.4	SlickWater	Acid	378210
15090	15190	N	6	0.4	Sand	Frac	261160
10654	15090	N	4	0.4	SlickWater	Acid	9869958
10654	15090	N	4	0.4	Sand	Frac	1783622

Tubing

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 ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____	TITLE _____	DATE _____
Type or print name _____	E-mail address _____	Telephone No. _____

For State Use Only:

APPROVED BY: <u>Karen Sharp</u>	TITLE: <u>Staff Mgr</u>	DATE: <u>7-13-18</u>
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Record Only

INSTRUCTIONS

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.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico			Northwestern New Mexico	
T. Anhy		T. Devonian	T. Ojo Alamo	T. Penn 'C'
T. Salt		T. Siluro-Devonian	T. Kirtland-Fruitland	T. Penn 'D'
B. Salt	3581 TVD	T. Montoya	T. Pictured Cliffs	T. Leadville
T. Yates	3589 TVD	T. Simpson	T. Cliff House	T. Madison
T. 7 Rivers		T. McKee	T. Menefee	T. Elbert
T. Queen		T. Ellenburger	T. Point Lookout	T. McCracken
T. Grayburg		T. Gr. Wash	T. Mancos	T. Ignacio Otzte
T. San Andres		T. Bone Springs	T. Gallup	T. Granite
T. Glorieta		T. Santa Rosa	Base Greenhorn	T. Poison Canyon
T. Paddock		T. Cimaron Anhy.	T. Dakota	T. Raton
T. Blinebry		T. Hueco	T. Morrison	T. Vermejo
T. Tubb		Manzanita Lime6073 TVD	T. Todilto	T. Trinidad SS
T. Drinkard		Brushy Canyon 7146 TVD	T. Entrada	T. Pierre
T. Abo		Capitan Reef 3939 TVD	T. Wingate	T. Niobrara
T. Wolfcamp		Cherry Canyon 5843 TVD	T. Chinle	T. Sangre De Cristo
T. Wolfcamp B Zone		Bone Spring Lime8518 TVD	T. Permian	T. Magdalena
T. Cisco		Second Bone Spring Carbonate9792 TVD	T. Penn 'A'	Delaware
T. Canyon		Second Bone Spring Sand10105 TVD	T. Penn 'B'	
T. Strawn		Avalon Shale 8652 TVD		
T. Atoka		First Bone Spring Sand9602 TVD		
T. Miss				

**OIL OR GAS
SANDS OR ZONES**

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

IMPORTANT WATER SANDS

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

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

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology