Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Scrial No.

SUNDRY NOTICES AND REPORTS ON WELLS BS OCD  Do not use this form for proposals to drill or to rearries BS OCD  abandoned well. Use form 3160-3 (APD) for such proposals.					NMNM126971  6. If Indian, Allottee or Tribe Name			
I. Type of Well ☐ Gas Well ☐ Other				/ED	8. Well Name and No. NAPOLEON FEDERAL 1H			
Name of Operator Contact: KATIE BIERSMITH     CENTENNIAL RESOURCE PRODUCE Mail: katie.biersmith@cdevinc.com					9. API Well No. 30-025-43401-00-X1			
3a. Address 1001 17TH STREET SUITE 1800 DENVER, CO 80202			. (include area code) 9-1522					
4. Location of Well (Footage, Sec., T		<del></del>	11. County or Parish,	State				
Sec 21 T24S R34E NWNE 40	·		LEA COUNTY, I	NM				
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	, REPORT, OR OTH	IER DAT	ΓΑ	
TYPE OF SUBMISSION TYPE OF ACTION					ARIO CONTRACTOR OF THE PROPERTY OF THE PROPERT			
Notice of Intent	☐ Acidize	Cari	sdau ri	CH Hodbe	i <del>on (Start) R</del> esume)	□ Wate	er Shut-Off	
_	☐ Alter Casing	☐ Hyd	au Flachride	dibbs	ation	☐ Well	l Integrity	
☐ Subsequent Report	□ Casing Repair	□ New	Construction	Recom		Othe	er Control 1.4	
☐ Final Abandonment Notice	☐ Change Plans	🗖 Plug	and Abandon	☐ Tempor	rarily Abandon	PD PD	e to Original A	
	Convert to Injection	Plug	Back	□ Water I	Disposal			
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fixed the surface of the surface are no changes to the surface of the well name. Raider Eder New proposed BHL: 100° FSL New proposed KOP: 330′ FNL New proposed TVD: 10,300′ New proposed formation: 1st I Should you have any question	operations. If the operation re- andonment Notices must be fil- nal inspection.  on, LLC requests to updated where and attached updated hole location or the appro- as 30111  2310' FEL SEC 21, T 24 2312' FEL SEC 21, T 24	sults in a multipled only after all te the BHL, to plat, drill plan oved Surface S R 34E, 32.	e completion or recoverequirements, includents, includents, and directional Use Plan for this 196073, -103.47, 209396, -103.47	ompletion in a ling reclamation name of thi plan. There s well.	new interval, a Form 3160 nn, have been completed a is	0-4 must be nd the oper	e filed once rator has	
14. I hereby certify that the foregoing is  Com Name (Printed/Typed) KATIE BIE	Electronic Submission # For CENTENNIAL I Imitted to AFMSS for proce	RESOURCE P	ROĎUCTION, sei SCILLA PEREZ o	nt to the Hob	obs (18PP1669SE)			
Cinch and Cinch	hah mainainan)		D-1- 00/04/0	040			<u>-</u>	
Signature (Electronic S	THIS SPACE FO	R FEDERA	Date 08/01/2 L OR STATE		SE		·.	
/a/7ota	Stevens	····			* ** *** **** ************************	<u> </u>	8-111 10	
Approved By  Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.			Petro OfficCarls		Engineer ield Office	ı	tc8-/4-18	
Title 18 II S.C. Section 1001 and Title 43	U.S.C. Section 1212 make it a	crime for any ne	rson knowingly and	willfully to m	ake to any denartment or	agency of t	he United	

Fitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



## Drilling Plan Raider Federal 301H (fka Napoleon Federal 1H)

API #: 30-025-43401

SHL: 400 FNL, 2460 FEL Section 21, T24S, R34E BHL: 100 FSL, 2310 FEL, Section 21, T24S, R34E

Lea County, New Mexico

Ground Level: 3525 RKB (25'): 3550

**Drilling Duration:** 25 days

**BOP Pressure Rating:** 5M

**BOP Rating Depth:** 10300' TVD Lamar Top: 5340

> DV: N/A

Avalon Shale Top:

9175

## **BOP Equipment Description:**

The BOP and related equipment will meet or exceed the requirements of a 5M-psi system as set forth in On Shore Order No. 2. See attached BOP Schematic. A. Casinghead: 13 5/8" - 5,000 psi SOW x 13" - 5,000 psi WP Intermediate Spool: 13" - 5,000 psi WP x 11" - 5,000 psi WP Tubinghead: 11" - 5,000 psi WP x 7 1/16" - 15,000 psi WP B. Minimum Specified Pressure Control Equipment • Annular preventer • One Pipe ram, One blind ram • Drilling spool, or blowout preventer with 2 side outlets. Choke side will be a 3-inch minimum diameter, kill line shall be at least 2-inch diameter • 3 inch diameter choke line • 2 – 3 inch choke line valves • 2 inch kill line • 2 chokes with 1 remotely controlled from rig floor (see Figure 2) • 2 - 2 inch kill line valves and a check valve • Upper kelly cock valve with handle available • When the expected pressures approach working pressure of the system, 1 remote kill line tested to stack pressure (which shall run to the outer edge of the substructure and be unobstructed) • Lower kelly cock valve with handle available • Safety valve(s) and subs to fit all drill string connections in use • Inside BOP or float sub available • Pressure gauge on choke manifold • All BOPE connections subjected to well pressure shall be flanged, welded, or clamped • Fill-up line above the uppermost preventer. C. Auxiliary Equipment • Audio and visual mud monitoring equipment shall be placed to detect volume changes indicating loss or gain of circulating fluid volume. (OOS 1, III.C.2) • Gas Buster will be used below intermediate casing setting depth. • Upper and lower kelly cocks with handles, safety valve and subs to fit all drill string connections and a pressure gauge installed on choke manifold.

**Requesting BOP Variance:** 

No

## **BOP Testing Procedure:**

The BOP test shall be performed before drilling out of the surface casing shoe and will occur at a minimum: a. when initially installed b. whenever any seal subject to test pressure is broken c. following related repairs d. at 30 day intervals e. checked daily as to mechanical operating conditions. The ram type preventer(s) will be tested using a test plug to 250 psi (low) and 5,000 psi (high) (casinghead WP) with a test plug upon its installation onto the 13" surface casing. If a test plug is not used, the ram type preventer(s) shall be tested to 70% of the minimum internal yield pressure of the casing.

The annular type preventer(s) shall be tested to 50% of its working pressure. Pressure will be maintained for at least 10 minutes or until provisions of the test are met, whichever is longer. • A Sundry Notice (Form 3160 5), along with a copy of the BOP test report, shall be submitted to the local BLM office within 5 working days following the test. • If the bleed line is connected into the buffer tank (header), all BOP equipment including the buffer tank and associated valves will be rated at the required BOP pressure. • The BLM office will be provided with a minimum of four (4) hours' notice of BOP testing to allow witnessing. The BOP configuration, choke manifold layout, and accumulator system, will be in compliance with Onshore Order 2 for a 5,000 psi system. A remote accumulator will be used. Pressures, capacities, and specific placement and use of the manual and/or hydraulic controls, accumulator controls, bleed lines, etc., will be