

Submit 1 Copy To Appropriate District
Office
District I - 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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-44289

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Tour Bus 23 State

8. Well Number 301H

9. OGRID Number
372165

10. 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 D : 309 feet from the north line and 330 feet from the west line
Section 23 Township 22S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3489.2'

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: Gas Connect ☒

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.

9/10/18 Gas connection date.

Spud Date: 01/31/2018

Rig Release Date: 03/19/2018

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

SIGNATURE K.C. TITLE Sr. Regulatory Analyst DATE 10/10/2018

Type or print name Kanicia Castillo E-mail address: Kanicia.castillo@cdevinc.com PHONE: 720-499-1537

For State Use Only

APPROVED BY Sarah Sharp TITLE Staff Mgr DATE 10-15-18
Conditions of Approval (if any):