

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	<b>Form C-105</b> Revised April 3, 2017								
		1. WELL API NO. <b>30-025-45780</b>								
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No.								
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>										
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)		5. Lease Name or Unit Agreement Name <b>Airstream 24 State Com</b>								
		6. Well Number:  <b>504H</b>								
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator <b>Centennial Resource Production, LLC</b>		9. OGRID <b>372165</b>								
10. Address of Operator <b>1001 17th Street, Suite 1800</b> <b>Denver, CO 8020</b>		11. Pool name or Wildcat <b>Ojo Chiso; Bone Spring, South</b>								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	O	13	22S	34E		600	South	2555	East	Lea
BH:	O	25	22S	34E		91	South	2153	East	Lea
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)				
07/26/19	09/07/19	09/10/19		10/16/19		3510				
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run				
20,945		20,900		Yes		Gama Ray				
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>10,712 - 20,886</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
13.375		54.5		1868		17.5		1625		
9.625		40		5489		12.25		1755		
5.5		20				8.75				
5.5		20		20,934		8.5		3600		
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		<b>25. TUBING RECORD</b>				
						SIZE	DEPTH SET	PACKER SET		
						2-7/8				
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
10,712 - 20,886, .42, 2418 holes						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						10,712 - 20,886		20,618,656 gals slick water,		
								27,484,328# 100 mesh sand.		
<b>28. PRODUCTION</b>										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)				
10/17/19		Flowing				Producing				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
11/02/19	24	1.8		2491	2276	7016	914			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
	390		2491	2276	7016	42.0				
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						30. Test Witnessed By				
Sold										
31. List Attachments										
C-102, C-104, Survey, Additional Points Required, Log submitted online										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.						33. Rig Release Date:				
34. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude			Longitude			NAD83				
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature <i>K. Schlichting</i>			Printed Name			Title			Date	
			Kanicia Schlichting			Sr. Regulatory Analyst			11/27/19	
E-mail Address kanicia.castillo@cdevinc.com										

*K. Schlichting*

## 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 and not later than 60 days after completion of closure. When submitted as a completion report, this 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 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn A"
T. Salt	T. Capitan Reef 4425	T. Kirtland	T. Penn. "B"
B. Salt 3943	T. Cherry Canyon 5830	T. Fruitland	T. Penn. "C"
T. Yates	T. Manzanita Lime 6170	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Brushy Canyon 7165	T. Cliff House	T. Leadville
T. Queen	T. Bone Spring Lime 8566	T. Menefee	T. Madison
T. Grayburg	T. Avalon Shale 8708	T. Point Lookout	T. Elbert
T. San Andres	T. First Bone Spring Sand 9652	T. Mancos	T. McCracken
T. Glorieta	T. Second Bone Spring Carb. 9853	T. Gallup	T. Ignacio Otzte
T. Paddock	T. Second Bone Spring Sand 10263	Base Greenhorn	T. Granite
T. Blinebry	T. Gr. Wash	T. Dakota	
T. Tubb	T. Delaware Sand	T. Morrison	
T. Drinkard	T. Bone Springs	T. Todilto	
T. Abo	T.	T. Entrada	
T. Wolfcamp	T.	T. Wingate	
T. Penn	T.	T. Chinle	
T. Cisco (Bough C)	T.	T. Permian	

## 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