

Submit 1 Copy To Appropriate District Office  
District I - (575) 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 DISTRICT  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-46022</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Tour Bus 23 State</b>
8. Well Number <b>101H</b>
9. OGRID Number <b>372165</b>
10. Pool name or Wildcat <b>Ojo Chiso; Bone Spring</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3482 GR</b>

**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 **A** : **365** feet from the **North** line and **1440** feet from the **East** line  
Section **23** Township **22S** Range **34E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3482 GR**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>Completion</b> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/29/19 Test production casing to 10,500 psi for 30 mins, good test.  
10/29/19 - 11/01/19 Perf & Frac 19 stages 9,231 - 13,607 w/ 9,766,800 gals slick water, 12,014,606# 10 mesh sand. 1014 holes.  
11/02/19 Drill out plugs out. PBTD @ 13,616.  
11/5/19 Turn well over to production. Flowing casing.

Spud Date:

8/1/19

Rig Release Date:

10/13/19

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

SIGNATURE **Sarah Ferreyros** TITLE **Regulatory Lead** DATE **12/12/19**

Type or print name **Sarah Ferreyros** E-mail address: **sarah.ferreyros@cdenvinc.com** PHONE: **720-499-1454**

For State Use Only

APPROVED BY: **[Signature]** TITLE **Petroleum Engineer** DATE **12/23/19**

Conditions of Approval (if any):