

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> Energy, Minerals and Natural Resources <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>30-025-46284</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.		5. Lease Name or Unit Agreement Name <b>Chorizo 12 State Com</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)		6. Well Number:  <b>603H</b>								
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</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				9. OGRID <b>372165</b>						
8. Name of Operator <b>Centennial Resource Production, LLC</b>				11. Pool name or Wildcat <b>Ojo Chiso; Bone Spring</b>						
10. Address of Operator <b>1001 17th Street, Suite 1800</b> <b>Denver, CO 8020</b>				17. Elevations (DF and RKB, RT, GR, etc.) <b>3633</b>						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	K	36	21S	34E		1478	South	1742	West	Lea
BH:	F	12	22S	34E		2541	North	2310	West	Lea
13. Date Spudded <b>11/12/19</b>		14. Date T.D. Reached <b>12/07/19</b>		15. Date Rig Released <b>12/11/19</b>		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.) <b>3633</b>		
18. Total Measured Depth of Well <b>5605</b>			19. Plug Back Measured Depth		20. Was Directional Survey Made? <b>Yes</b>			21. Type Electric and Other Logs Run <b>Gamma Ray</b>		
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>P&amp;A</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		1890		17.5		1605		
24. LINER RECORD						25. TUBING RECORD				
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		PACKER SET
26. Perforation record (interval, size, and number)  <b>P&amp;A C103 Submitted 12/17/19</b>						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED _____ _____ _____				
<b>28. PRODUCTION</b>										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)					Well Status (Prod. or Shut-in) <b>P&amp;A</b>			
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.)								30. Test Witnessed By		
31. List Attachments <b>Log submitted online, P&amp;A C103</b>										
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				Printed Name <b>Sarah Ferreyros</b>				Title <b>Regulatory Lead</b>		Date <b>02/05/20</b>
E-mail Address <b>Sarah.Ferreyros@cdevinc.com</b>										

# 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 4473	T. Kirtland	T. Penn. "B"
B. Salt 3832	T. Cherry Canyon	T. Fruitland	T. Penn. "C"
T. Yates	T. Manzanita Lime	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Brushy Canyon	T. Cliff House	T. Leadville
T. Queen	T. Bone Spring Lime	T. Menefee	T. Madison
T. Grayburg	T. Avalon Shale	T. Point Lookout	T. Elbert
T. San Andres	T. First Bone Spring Sand	T. Mancos	T. McCracken
T. Glorieta	T. Second Bone Spring Carb.	T. Gallup	T. Ignacio Otzte
T. Paddock	T. Second Bone Spring Sand	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