District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 296527

WELL API NUMBER: 30-025-48406

5. Indicate Type of Lease: S

6. State Oil & Gas Lease No.:

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.)

7. Lease Name or Unit Agreement Name: HAGBERRY 9 STATE COM

1. Type of Well: O

8. Well Number: 503H

2. Name of Operator: CENTENNIAL RESOURCE PRODUCTION, LLC

9. OGRID Number: 372165

3. Address of Operator: 1001 17th Street Suite 1800, Denver, CO 80202

10. Pool name or Wildcat:

4. Well Location
Unit Letter C : 1030 feet from the N line and feet 1846 from the W line
Section 9 Township 22S Range 35E NMPM _____ County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3617 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type _____ Depth to Groundwater_____ Distance from nearest fresh water well_____ Distance from nearest surface water_____

Pit Liner Thickness:_____ mil Below-Grade Tank: Volume_____ bbls; Construction Material_____

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTER CASING	☐
TEMPORARILY ABANDON	☐	CHANGE OF PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDON	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
Other:				Other: **Perforations/Tubing**			☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perforations

Pool: WC-025 G-07 S223505N; BONE SPRING , 98136 Location: O -9-22S-35E 100 S 2596 E

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
10400	20195	N	0	0.41	SlickWater	Frac	0

Tubing

WC-025 G-07 S223505N;BONE SPRING , 98136

Tubing Size	Type	Depth Set	Packer Set
2.875	L-80	9645	0

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE	Electronically Signed	TITLE	Regulatory Lead	DATE	5/25/2021
Type or print name	Sarah Ferreyros	E-mail address	Sarah.Ferreyros@cdevinc.com	Telephone No.	720-499-1454

For State Use Only:

APPROVED BY:	Kurt Simmons	TITLE	Petroleum Specialist - A	DATE	5/25/2021 9:18:42 AM