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|---|---|--|---|--|-----------------------|--|--|---|--|---------------------------------------|--|--|--|---|---|---|--|--|--------------|--|--|--|
| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462  | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 304799<br>WELL API NUMBER<br>30-025-49581<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>CHIMICHANGAS 12 STATE<br>COM |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O   |   | 8. Well Number<br>502H   |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 2. Name of Operator<br>CENTENNIAL RESOURCE PRODUCTION, LLC  |   | 9. OGRID Number<br>372165  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 3. Address of Operator<br>1001 17th Street Suite 1800, Denver, CO 80202   |   | 10. Pool name or Wildcat   |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>930</u> feet from the <u>N</u> line and feet <u>1274</u> from the <u>E</u> line<br>Section <u>12</u> Township <u>22S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>  |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3589 GR  |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____   |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width: 100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Spud</u> <input checked="" type="checkbox"/></td> </tr> </table> |   |  | NOTICE OF INTENTION TO:                   |  | SUBSEQUENT REPORT OF: |  | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |  | Other: _____ |  | Other: <u>Spud</u> <input checked="" type="checkbox"/> |  |
| NOTICE OF INTENTION TO:   |   | SUBSEQUENT REPORT OF:  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>  | PLUG AND ABANDON <input type="checkbox"/>   | REMEDIAL WORK <input type="checkbox"/>   | ALTER CASING <input type="checkbox"/>     |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| TEMPORARILY ABANDON <input type="checkbox"/>  | CHANGE OF PLANS <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>   | PLUG AND ABANDON <input type="checkbox"/> |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| PULL OR ALTER CASING <input type="checkbox"/>   | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>   |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| Other: _____  |   | Other: <u>Spud</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br><br><u>12/2/2021</u> Spudded well.<br><br><u>17-1/2" hole spud 12/2/2021 @ 10:45 am.</u>  |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .   |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| SIGNATURE _____<br>Type or print name <u>Sarah Ferreyros</u>  |   | TITLE <u>Regulatory Lead</u><br>E-mail address <u>Sarah.Ferreyros@cdevinc.com</u><br>DATE <u>12/6/2021</u><br>Telephone No. <u>720-499-1454</u>  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Paul F Kautz</u> TITLE <u>Geologist</u> DATE <u>12/7/2021</u>   |   |  |   |  |                       |  |  |   |  |                                       |  |  |  |   |   |   |  |  |              |  |  |  |