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|--|---|--|---|------------------------------|-----------------------|------------------------|--|---|--|---------------------------------------|--|--|--|---|---|---|--|--|--------------|--|--|--|
| 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 317494 WELL API NUMBER 30-025-49778 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name ERIC CARTMAN 6 STATE COM | | | | | | | | | | | | | | | | | | | | |
| 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: O | | 8. Well Number 603H | | | | | | | | | | | | | | | | | | | | |
| 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 <u>O</u> : <u>256</u> feet from the <u>S</u> line and feet <u>1990</u> from the <u>E</u> line Section <u>6</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>Lea</u> | | | | | | | | | | | | | | | | | | | | | | |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3621 GR | | | | | | | | | | | | | | | | | | | | | | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <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: Spud <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: Spud <input checked="" type="checkbox"/> | |
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| Other: _____ | | Other: Spud <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. 5/19/2022 Spudded well. Spud 17-1/2 surface hole on 5/19/22 @ 1:00 AM. | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Regulatory Lead</u></td> <td>DATE</td> <td><u>5/24/2022</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Sarah Ferreyros</u></td> <td>E-mail address</td> <td><u>Sarah.Ferreyros@cdevinc.com</u></td> <td>Telephone No.</td> <td><u>720-499-1454</u></td> </tr> </table> | | | SIGNATURE | <u>Electronically Signed</u> | TITLE | <u>Regulatory Lead</u> | DATE | <u>5/24/2022</u> | Type or print name | <u>Sarah Ferreyros</u> | E-mail address | <u>Sarah.Ferreyros@cdevinc.com</u> | Telephone No. | <u>720-499-1454</u> | | | | | | | | |
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