

| <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 311549<br>WELL API NUMBER<br>30-025-49732<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>AIRSTREAM 24 STATE 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>603H                                                                                                                                                                                                   |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 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>B</u> : <u>265</u> feet from the <u>N</u> line and feet <u>1578</u> from the <u>E</u> line<br>Section <u>24</u> Township <u>22S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3531 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" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">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>Drilling/Cement</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>Drilling/Cement</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>Drilling/Cement</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>2/23/22 TD 8-1/2 prod hole @ 11,741'(EOC). KOP @10,880. 3/1/22 TD 7-7/8 @ 21,515. 11,458 TVD. Ran 1,456jts 5-1/2, P-110 TCBC-HT, 20# @ 21,500. Cmt lead w/890sx ProLite, yield 3.43, tail w/1200 sx B-Poz/H, yield 1.85. Circ 76 BBLS to surf. test prod csg to 8,500 psi. 3/2/22 RR. <u>2/12/2022</u> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>02/13/22</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>0</td> <td>1886</td> <td>1590</td> <td>1.75</td> <td>Extendacem</td> <td></td> <td>1580</td> <td>0</td> <td>N</td> </tr> <tr> <td>02/17/22</td> <td>Int1</td> <td>Brine</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J55</td> <td>0</td> <td>5630</td> <td>1270</td> <td>2.93</td> <td>HalCem</td> <td></td> <td>2500</td> <td>0</td> <td>N</td> </tr> <tr> <td>03/01/22</td> <td>Prod</td> <td>Brine</td> <td>8.5</td> <td>5.5</td> <td>20</td> <td>P110</td> <td>0</td> <td>21500</td> <td>2090</td> <td>3.43</td> <td>ProLite/B-</td> <td></td> <td>8500</td> <td>0</td> <td>N</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                          | Date                                      | String      | Fluid Type            | Hole Size                | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 02/13/22     | Surf | FreshWater                                                        | 17.5 | 13.375 | 54.5 | J55 | 0 | 1886 | 1590 | 1.75 | Extendacem |  | 1580 | 0 | N | 02/17/22 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 0 | 5630 | 1270 | 2.93 | HalCem |  | 2500 | 0 | N | 03/01/22 | Prod | Brine | 8.5 | 5.5 | 20 | P110 | 0 | 21500 | 2090 | 3.43 | ProLite/B- |  | 8500 | 0 | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                               | Hole Size                                 | Csg Size    | Weight lb/ft          | Grade                    | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 02/13/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                               | 17.5                                      | 13.375      | 54.5                  | J55                      | 0                                              | 1886                                      | 1590                                   | 1.75                                  | Extendacem                                   |                                          | 1580                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 02/17/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                                    | 12.25                                     | 9.625       | 40                    | J55                      | 0                                              | 5630                                      | 1270                                   | 2.93                                  | HalCem                                       |                                          | 2500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 03/01/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Prod                                                                                                                                                                          | Brine                                                                                                                                                                                                                    | 8.5                                       | 5.5         | 20                    | P110                     | 0                                              | 21500                                     | 2090                                   | 3.43                                  | ProLite/B-                                   |                                          | 8500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| 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 NMOC 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 style="width:33%;">SIGNATURE _____</td> <td style="width:33%;">TITLE _____</td> <td style="width:33%;">DATE _____</td> </tr> <tr> <td>Type or print name _____</td> <td>E-mail address _____</td> <td>Telephone No. _____</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                                                                                                          | SIGNATURE _____                           | TITLE _____ | DATE _____            | Type or print name _____ | E-mail address _____                           | Telephone No. _____                       |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE _____                                                                                                                                                                   | DATE _____                                                                                                                                                                                                               |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| Type or print name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E-mail address _____                                                                                                                                                          | Telephone No. _____                                                                                                                                                                                                      |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Patricia L Martinez</u> TITLE _____ DATE <u>8/4/2022 7:53:39 AM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                          |                                           |             |                       |                          |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |      |      |            |  |      |   |   |          |      |       |       |       |    |     |   |      |      |      |        |  |      |   |   |          |      |       |     |     |    |      |   |       |      |      |            |  |      |   |   |

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

COMMENTS

Action 311549

COMMENTS

|                                                                                                      |                                              |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Operator:<br>CENTENNIAL RESOURCE PRODUCTION, LLC<br>1001 17th Street, Suite 1800<br>Denver, CO 80202 | OGRID:<br>372165                             |
|                                                                                                      | Action Number:<br>311549                     |
|                                                                                                      | Action Type:<br>[C-103] EP Drilling / Cement |

Comments

| Created By | Comment                                                                                               | Comment Date |
|------------|-------------------------------------------------------------------------------------------------------|--------------|
| mtwele     | 8.5-hole size for the curve and 7.875 hole size for the lateral for the 5.5 production casing string. | 3/8/2022     |