

Submit 1 Copy To Appropriate District Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-46283
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator Centennial Resource Production, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1001 17th Street, suite 1800, Denver, CO 80202		7. Lease Name or Unit Agreement Name Chorizo 12 State Com
4. Well Location Unit Letter K : 1478 feet from the South line and 1712 feet from the West line Section 36 Township 21S Range 34E NMPM County LEA		8. Well Number 602H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3634 GR		9. OGRID Number 372165
		10. Pool name or Wildcat Ojo Chiso; Bone Spring

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
DOWNHOLE COMMINGLE ☐	P AND A ☐
CLOSED-LOOP SYSTEM ☐	CASING/CEMENT JOB ☐
OTHER: ☐	OTHER: 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/19/20 RIH w/ 328jts 2-7/8, 6.5#, L80 tubing @ 10,928 and 14 gas lift valves.

Spud Date:

11/14/19

Rig Release Date:

12/02/19

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE K. Schlichting TITLE Sr Regulatory Analyst DATE 05/11/20

Type or print name Kanicia Schlichting E-mail address: kanicia.schlichting@cdevinc.com PHONE: 720-499-1537

For State Use Only

APPROVED BY: Patricia Martinez TITLE LM DATE 5/27/2020

Conditions of Approval (if any):