

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

WELL API NO. 30-025-43234
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Vitalizer State
8. Well Number 1H
9. OGRID Number 372165
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3682' GL

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: Oil Well Gas Well Other

2. Name of Operator
Centennial Resource Production, LLC

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

4. Well Location
 Unit Letter D : 200 feet from the north line and 350 feet from the west line
 Section 33 Township 21S Range 34E NMPM County Lea

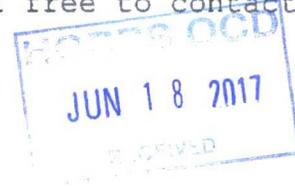
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Artificial Lift Change <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Centennial will be changing the method of artificial lift for this well from an ESP to gas lift. We propose to begin workover operations on July 19, 2017.

Should you have any questions or concerns, please feel free to contact me at the email address or phone number below.



Spud Date: 7/20/2016

Rig Release Date: 8/14/2016

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

SIGNATURE Heidi Kaczor TITLE Regulatory Manager DATE 7/18/2017

Type or print name Heidi Kaczor E-mail address: heidi.kaczor@cdevinc.com PHONE: (720) 499-1422

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 07/18/17
 Conditions of Approval (if any):