

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 Grama Ridge; Bone Spring	
4. Well Location Unit Letter <u>D</u> : <u>200</u> feet from the <u>north</u> line and <u>350</u> feet from the <u>west</u> line Section <u>33</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,682' 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

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completed Artificial Lift Change <input checked="" type="checkbox"/>
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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 has completed this wells artificial lift change from ESP to gas lift. Work was completed on 10/20/2017.

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

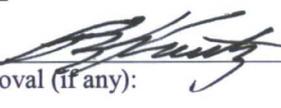
Spud Date: 7/20/2016

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  TITLE Sr. Regulatory Analyst DATE 10/24/2017

Type or print name Melissa Luke E-mail address: melissa.luke@cdevinc.com PHONE: 720-499-1482

**For State Use Only**  
 APPROVED BY:  TITLE Petroleum Engineer DATE 10/31/17  
 Conditions of Approval (if any):

Digitally signed by Melissa Luke  
 DN: cn=Melissa Luke, c=US,  
 o=Centennial Resources Production,  
 LLC, ou=Sr. Regulatory Analyst,  
 email=melissa.luke@cdevinc.com  
 Date: 2017.10.24 10:31:28 -06'00'