

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. 30-025-43934
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Centennial Resource Production, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1001 17 th Street Suite 1800 Denver, CO 80202		7. Lease Name or Unit Agreement Name Tour Bus 23 State
4. Well Location Unit Letter <u>C</u> : <u>202</u> feet from the <u>North</u> line and <u>2184</u> feet from the <u>West</u> line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number <u>503H</u> 9. OGRID Number <u>372165</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3462.8'</u>		10. Pool name or Wildcat Ojo Chiso; Bone Spring (96553)

HOBBS OCD

FEB 20 2018

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL. <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <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.

This sundry is being submitted to revise the casing set depth of our surface casing.

Originally reported: 1,792'

Corrected depth: 1,809'

This change is being made to an adjustment in elevation.

Should you have any questions, please feel free to contact me.

Spud Date: Rig Release Date:

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

SIGNATURE [Signature] Digitally signed by Melissa Luke
DN: cn=Melissa Luke, o=Centennial Resource Production, LLC, ou=Sr Regulatory Analyst, email=melissaluke@cedevinc.com, date=2018.02.01 14:19:58 -0700 TITLE Sr. Regulatory Analyst DATE 2/1/2018

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

APPROVED BY: Accepted for TITLE _____ DATE _____
 Conditions of Approval (if any): Record Only