

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. 30-025-44499
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 502H
9. OGRID Number 372165
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3632.4'

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 P : 298 feet from the South line and 452 feet from the East 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: <input 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 Resource Production is submitting the completion sundry for the Vitalizer State 502H.

Top of Cement:

13.375" Surface Casing - Cement circulated to surface
 9.625" Intermediate Casing - Stage 1: Estimated TOC @ 2096'; Stage 2: Cement circulated to surface
 5.5" Production Casing - Cement circulated to surface

Perforation Date: 05/02/2018
 Perforated Interval: 10,637' - 15,064'
 Frac Dates: 05/10/2018 - 05/15/2018

HOBBS
 JUN 06 2018
 RECEIVED

Spud Date: 03/09/2018 Rig Release Date: 04/23/2018

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 05/22/2018

Type or print name Sarah Ferreyros E-mail address: Sarah.Ferreyros@cdevinc.com PHONE: 720-499-1454

For State Use Only

APPROVED BY:  TITLE Staff Mgr DATE 6-6-18
 Conditions of Approval (if any):

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

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
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Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

WELL API NUMBER
30-025-44499

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
VITALIZER STATE

1. Type of Well: O	8. Well Number 502H
2. Name of Operator CENTENNIAL RESOURCE PRODUCTION, LLC	9. OGRID Number 372165
3. Address of Operator 1001 17th Street Suite 18, Denver, CO 80202	10. Pool name or Wildcat
4. Well Location Unit Letter P : 330 feet from the S line and feet 450 from the E line Section 33 Township 21S Range 34E NMPM County Lea	

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3629 GR

Pit or Below-grade Tank Application or Closure

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/>	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: Perforations/Tubing	<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.

Well was perforated 05/02/2018-05/15/2018.

Perforations

Pool: GRAMA RIDGE; BONE SPRING , 28430 Location: A -33-21S-34E 330 N 450 E

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
14919	15064	N	6	0.4	SlickWater	Acid	317856
14919	15064	N	6	0.4	Sand	Frac	260740
10637	14919	N	4	0.4	SlickWater	Acid	9887804
10637	14919	N	4	0.4	Sand	Frac	11313930

Tubing

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 NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE _____	TITLE _____	DATE _____
Type or print name _____	E-mail address _____	Telephone No. _____

For State Use Only:

APPROVED BY: _____	TITLE _____	DATE _____
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