

HOBBS OCD

JUL 13 2018
RECEIVED

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
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

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

Form C-103
August 1, 2011
Permit 254762

WELL API NUMBER
30-025-44615

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
TOUR BUS 23
STATE

1. Type of Well:
O

8. Well Number
506H

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 A : 300 feet from the N line and feet 625 from the E line
Section 23 Township 22S Range 34E NMPM _____ County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3474 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:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE OF PLANS
PULL OR ALTER CASING MULTIPLE COMPL
Other: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTER CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDON
CASING/CEMENT JOB
Other: Perforations/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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was perforated 06/20/2018 - 06/29/2018.

Perforations

Pool: OJO CHISO; BONE SPRING, 96553 Location: P -23-22S-34E 51 S 318 E

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
15090	15190	N	6	0.4	SlickWater	Acid	378210
15090	15190	N	6	0.4	Sand	Frac	261160
10654	15090	N	4	0.4	SlickWater	Acid	9869958
10654	15090	N	4	0.4	Sand	Frac	1783622

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: Karen Sharp

TITLE: Staff Mgr

DATE: 7-13-18

Record Only

