

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-44774
2. Name of Operator Centennial Resource Production, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1001 17 th Street, Suite 1800 Denver, CO 80202		6. State Oil & Gas Lease No. 318035
4. Well Location Unit Letter <u>C</u> : <u>245</u> feet from the <u>N</u> line and <u>1545</u> feet from the <u>W</u> line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name Tour Bus 23 State Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3476 GR		8. Well Number 302H 9. OGRID Number 372165 10. Pool name or Wildcat OJO CHISO; BONE SPRING (96553)

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: CANCEL PERMIT <input checked="" 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 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 is hereby requesting to cancel the permit on this well. *eff 5-16-18*

Should you have any questions or concerns, please contact me at 720-499-1522.

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 *Katie Biersmith* TITLE Regulatory Analyst DATE 7/12/18

Type or print name Katie Biersmith E-mail address: katie.biersmith@cdevinc.com PHONE: 720-499-1522
 For State Use Only

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 7-27-18
 Conditions of Approval (if any):