

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 S. St. Francis Dr.
 Santa Fe, NM 87505
 NOV 01 2018

| |
|---|
| WELL API NO. 30-025-43935 |
| 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 Tour Bus 23 State |
| 8. Well Number 504H |
| 9. OGRID Number 372165 |
| 10. Pool name or Wildcat Ojo Chiso; Bone Spring |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3463 GR |

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DRILL 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 **C** : **201** feet from the **North** line and **2215** feet from the **West** line
 Section **23** Township **22S** 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: Install 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/31/18 RIW w/306jts 2-7/8 6.5# L80 tbg, set @ 9863 and 13 Gas Lift Valves.

Spud Date: **10/8/17**

Rig Release Date: **10/28/17**

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

SIGNATURE K.C. TITLE **Sr. Regulatory Analyst** DATE **10/30/18**

Type or print name **Kanicia Castillo** E-mail address: **kanicia.castillo@cdevinc.com** PHONE: **720-499-1537**

For State Use Only

Petroleum Engineer

APPROVED BY: [Signature] TITLE _____ DATE **11/2/18**
 Conditions of Approval (if any): _____