

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. <b>30-025-45181</b>
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 <b>Centennial Resource Production, LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>1001 17th Street, suite 1800, Denver, CO 80202</b>		7. Lease Name or Unit Agreement Name <b>Airstream 24 State Com</b>
4. Well Location Unit Letter <b>M</b> : <b>549</b> feet from the <b>South</b> line and <b>1270</b> feet from the <b>West</b> line Section <b>13</b> Township <b>22S</b> Range <b>34E</b> NMPM County		8. Well Number <b>502H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3498 GR</b>		9. OGRID Number <b>372165</b>
10. Pool name or Wildcat <b>Ojo Chiso; Bone Spring, South</b>		

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <b>Sidetrack</b> <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.

11/25/18 Landing drilled too deep at 11,480'MD, 10,448'TVD, need to come back up hole. Set kick off plug at 8,500', cmt w/ 500sx CI H on top of plug.

HOBBS COO

JAN 08 2019

RECEIVED

Spud Date:

10/20/18

Rig Release Date:

12/13/18

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 1/8/19

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

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 1-8-19  
 Conditions of Approval (if any):