

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
HOBBS OSD
 1220 South St. Francis Dr.
 Santa Fe, NM 87504 2019

WELL API NO. 30-025-45063
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 Mortal Kombat 36 State Com
8. Well Number 502H
9. OGRID Number 372165
10. Pool name or Wildcat Ojo Chiso; Bone Spring, South
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383 GR

RECEIVED

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 **M** : **300** feet from the **South** line and **900** feet from the **West** line
 Section **36** Township **22S** Range **34E** NMPM County **Lea**

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

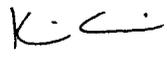
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input 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: Install tubing & pump <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.

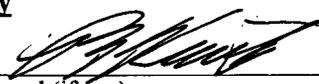
12/16/18 RIH w/301jts 2-7/8 6.5# L80 tubing set @ 10,038 and ESP.

Spud Date: 9/2/18 Rig Release Date: 9/16/18

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 1/9/19

Type or print name Kanicia Castillo E-mail address: kanicia.castillo@cdow.nm.gov PHONE: 720-499-1537
For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 01/14/19
 Conditions of Approval (if any):