

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

WELL API NO. 30-025-45155
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 Airstream 24 State Com
8. Well Number 501H
9. OGRID Number 372165
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3499 GR

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 **HOBBS OCD**

2. Name of Operator **Centennial Resource Production, LLC**

3. Address of Operator **1001 17th Street, suite 1800, Denver, CO 80202**

4. Well Location **RECEIVED**
 Unit Letter **M** : **550** feet from the **South** line and **1240** feet from the **West** line
 Section **13** 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: Completion	<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.

12/17/18 Test production casing to 10,000 psi for 30 mins, good test.
 12/25/18 - 1/5/19 Perf & Frac 23 stages 10,564 - 15,622 w/ 10,215,114 gals slick water, 12,285,641# 100 mesh sand. 1230 holes.
 1/6/19 Drilled plugs out. PBTB @ 15,637. ✓
 1/8/19 Turn well over to production. Flowing on a 2" choke.

Spud Date: **10/15/18**

Rig Release Date: **11/11/18**

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 2/12/19

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 2-15-19
 Conditions of Approval (if any):