

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation District</b> <b>HOBBS OCD</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87503</b> <b>FEB 03 2020</b>	<b>Form C-105</b> Revised April 3, 2017  1. WELL API NO. <b>30-025-46344</b> 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
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**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> 5. Lease Name or Unit Agreement Name <b>Duck Hunt 1 State Com</b> 6. Well Number:  <div style="font-size: 1.5em; font-weight: bold;">302H</div>
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7. Type of Completion:  
 NEW WELL     WORKOVER     DEEPENING     PLUGBACK     DIFFERENT RESERVOIR     OTHER

8. Name of Operator <b>Centennial Resource Production, LLC</b>	9. OGRID <b>372165</b>
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10. Address of Operator <b>1001 17th Street, Suite 1800 Denver, CO 8020</b>	11. Pool name or Wildcat <b>Antelope Ridge; Bone Spring, North</b>
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12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	J	1	23S	34E		2039	South	1985	East	Lea
BH:	O	12	23S	34E		91	South	1653	East	Lea

13. Date Spudded <b>09/19/19</b>	14. Date T.D. Reached <b>11/07/19</b>	15. Date Rig Released <b>11/09/19</b>	16. Date Completed (Ready to Produce) <b>12/13/19</b>	17. Elevations (DF and RKB, RT, GR, etc.) <b>3368</b>
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18. Total Measured Depth of Well <b>17,217</b>	19. Plug Back Measured Depth <b>17,168</b>	20. Was Directional Survey Made? <b>Yes</b>	21. Type Electric and Other Logs Run <b>Gamma Ray</b>
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22. Producing Interval(s), of this completion - Top, Bottom, Name  
**10.072 - 17.158**

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13.375	54.5	1856	17.5	1625	
9.625	40	5445	12.25	1625	
5.5	20		8.75		
5.5	20	17,202	8.5	2675	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-7/8		

26. Perforation record (interval, size, and number)  <b>10,072 - 17,158, .42, 1608 holes</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	<b>10,072 - 17,158</b>	<b>15,674.565 gals slick water, 19,554.059# 100 mesh sand.</b>

**28. PRODUCTION**

Date First Production <b>12/13/19</b>	Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>Flowing</b>	Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>
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Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<b>12/29/19</b>	<b>24</b>	<b>1.375</b>		<b>2849</b>	<b>1928</b>	<b>4739</b>	<b>677</b>

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)
	<b>361</b>		<b>2849</b>	<b>1928</b>	<b>4739</b>	<b>44.0</b>

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>Sold</b>	30. Test Witnessed By
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31. List Attachments  
**C-102, C-104, Survey, Additional Points Required, Log submitted online**

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.	33. Rig Release Date:
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34. If an on-site burial was used at the well, report the exact location of the on-site burial:

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD83

*I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief*

Signature Printed Name **Sarah Ferreyros** Title **Regulatory Lead** Date **1/27/20**

E-mail Address **Sarah.Ferreyros@cdevinc.com**

