

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. 30-025-44424
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 Pirate State
8. Well Number 102H
9. OGRID Number 372165
10. Pool name or Wildcat Red Hills; Bone Spring, N 96434
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3531 GL

HOBBS OCD

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 **P** : **377** feet from the **South** line and **1120** feet from the **East** line
 Section **16** Township **24S** Range **34E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3531 GL

FEB 05 2020

RECEIVED

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

✓ pm.

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: MIT for TA <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.

2/2/2020 Remove cellar grating. Rig up Torque unit on TA flange. RU test truck. Perform integrity test to 565psi for 30 mins, good test. Final pressure 560. RD, install cellar cover. Well TA'd. TA cap secure, valves closed and cellar grating installed. Notification was made to OCD, Kerry Fortner on 1/30/2020 at 1554hrs.

Please see attached MIT char

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 2-2-25
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: XZ

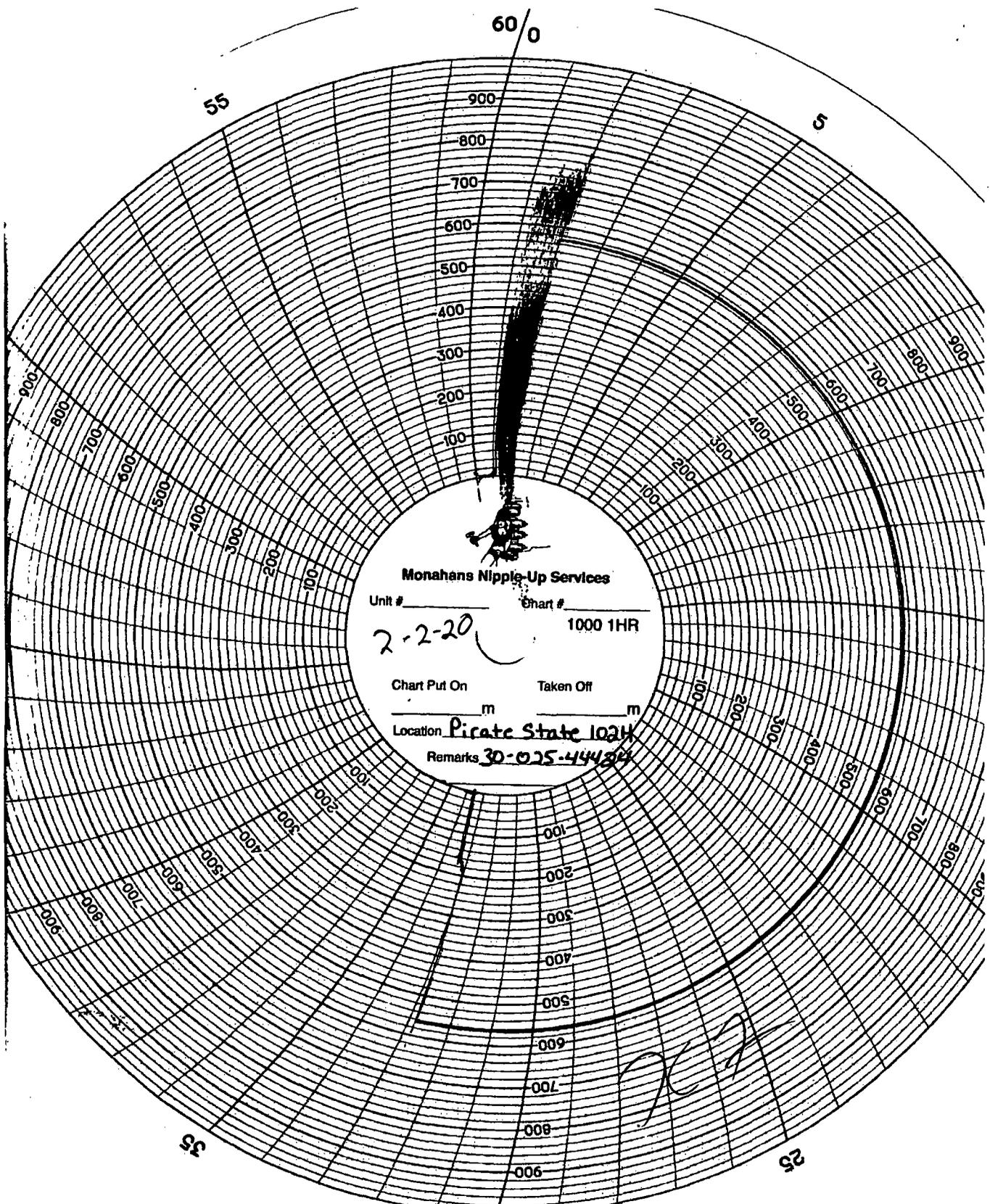
Spud Date: 3/7/18

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

SIGNATURE K. Schlichting TITLE Sr. Regulatory Analyst DATE 2/05/2020

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

APPROVED BY: Kerry Fortner TITLE CO DATE 2-10-20
 Conditions of Approval (if any) A



Monahans Nipple-Up Services

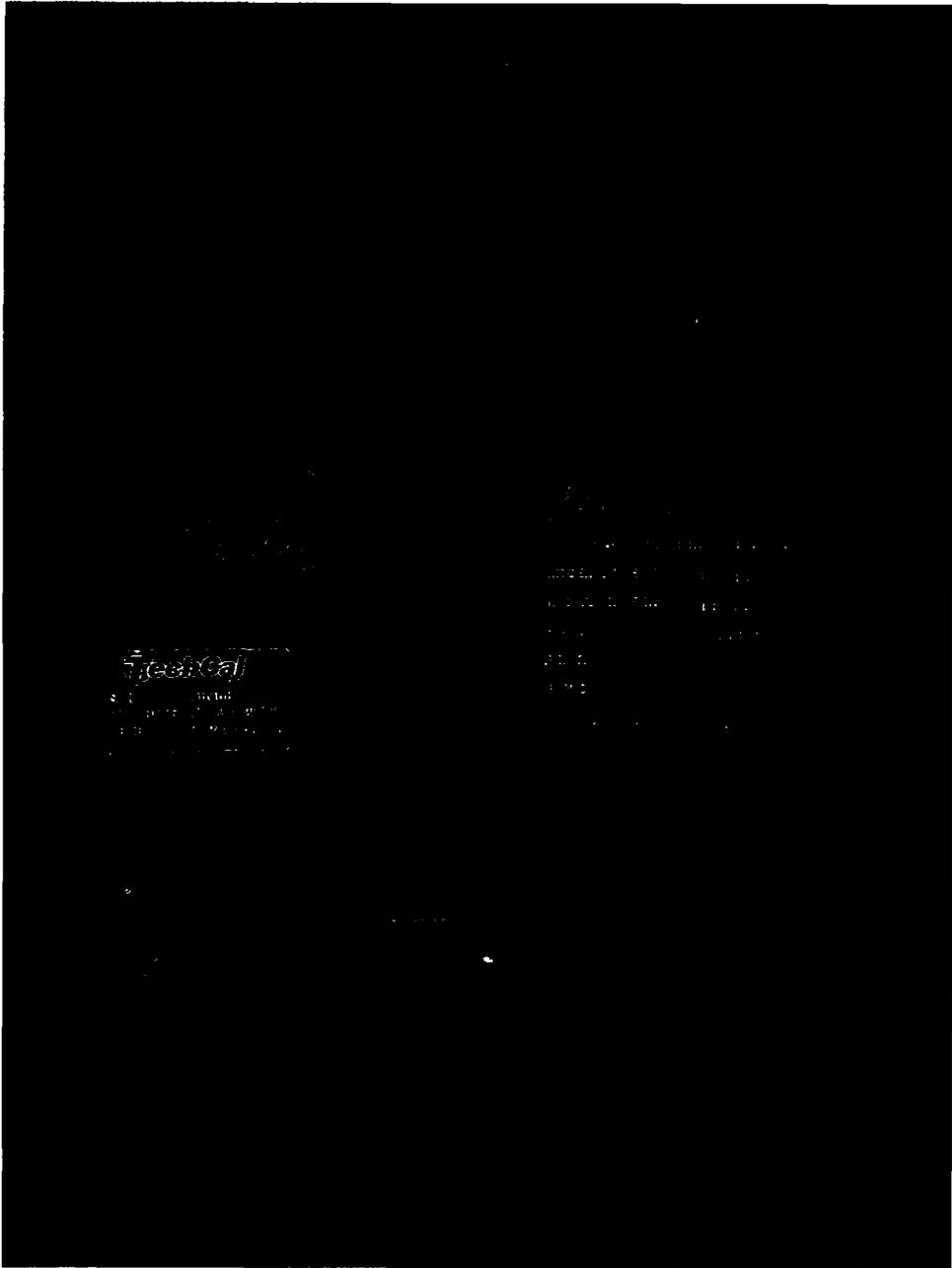
Unit # 2-2-20 Chart # 1000 1HR

Chart Put On _____ m Taken Off _____ m

Location Pirate State 1024

Remarks 30-025-44424

Handwritten signature or initials



Medical
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[Faint, illegible text]