

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
HOBBS OCD
FEB 05 2020
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

| |
|---|
| WELL API NO. 30-025-44425 |
| 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 103H |
| 9. OGRID Number 372165 |
| 10. Pool name or Wildcat Red Hills; Bone Spring, N 96434 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3530 GL |

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 **1150** feet from the **East** line
 Section **16** Township **24S** Range **34E** NMPM County **Lea**

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

| | | | |
|--|---|---|--|
| 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 550psi for 30 mins, good test. Final pressure 545. 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 chart.

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: *XJ*

Spud Date:

3/1/18

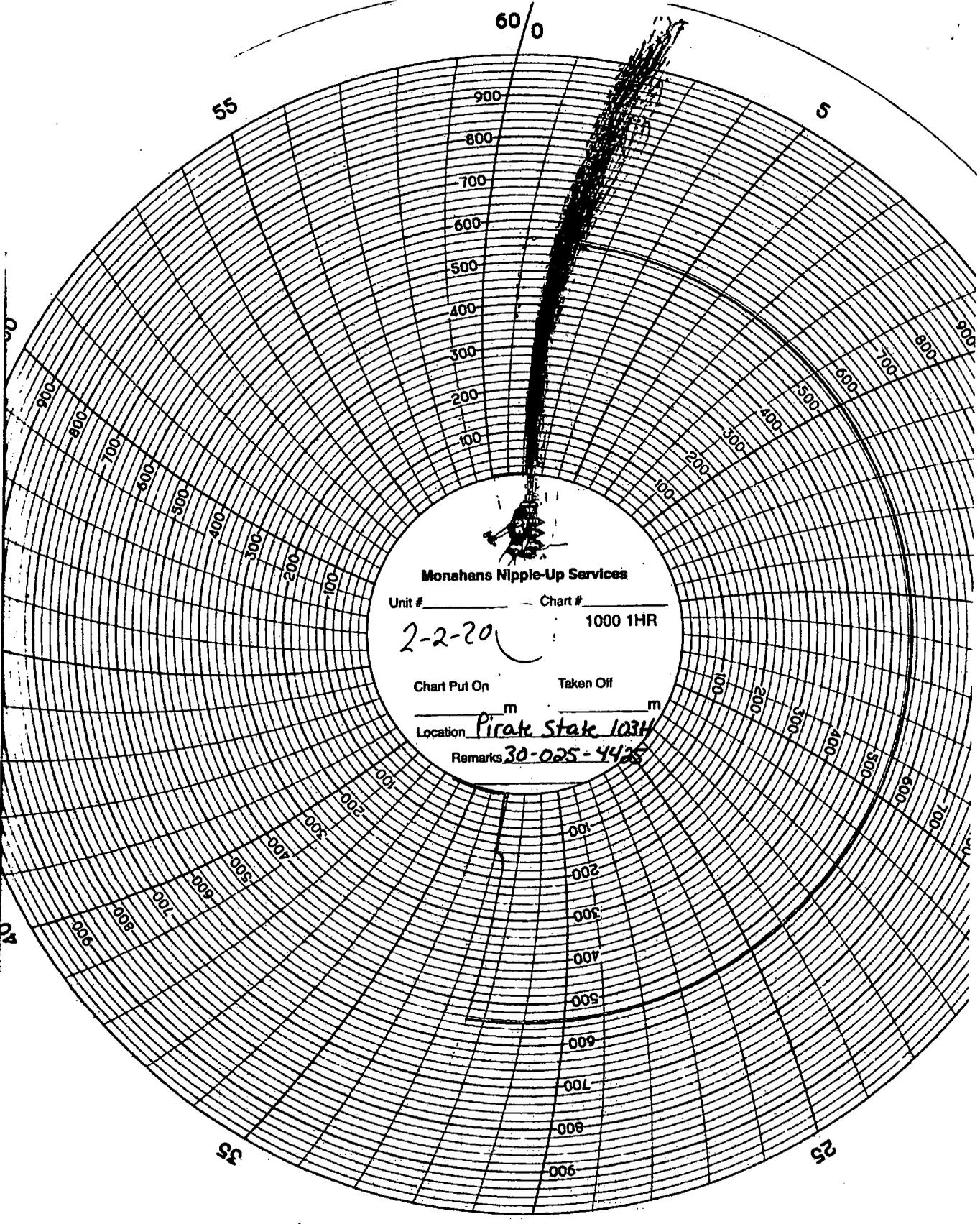
Rig R

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):



Monahans Nipple-Up Services

Unit # _____ Chart # _____

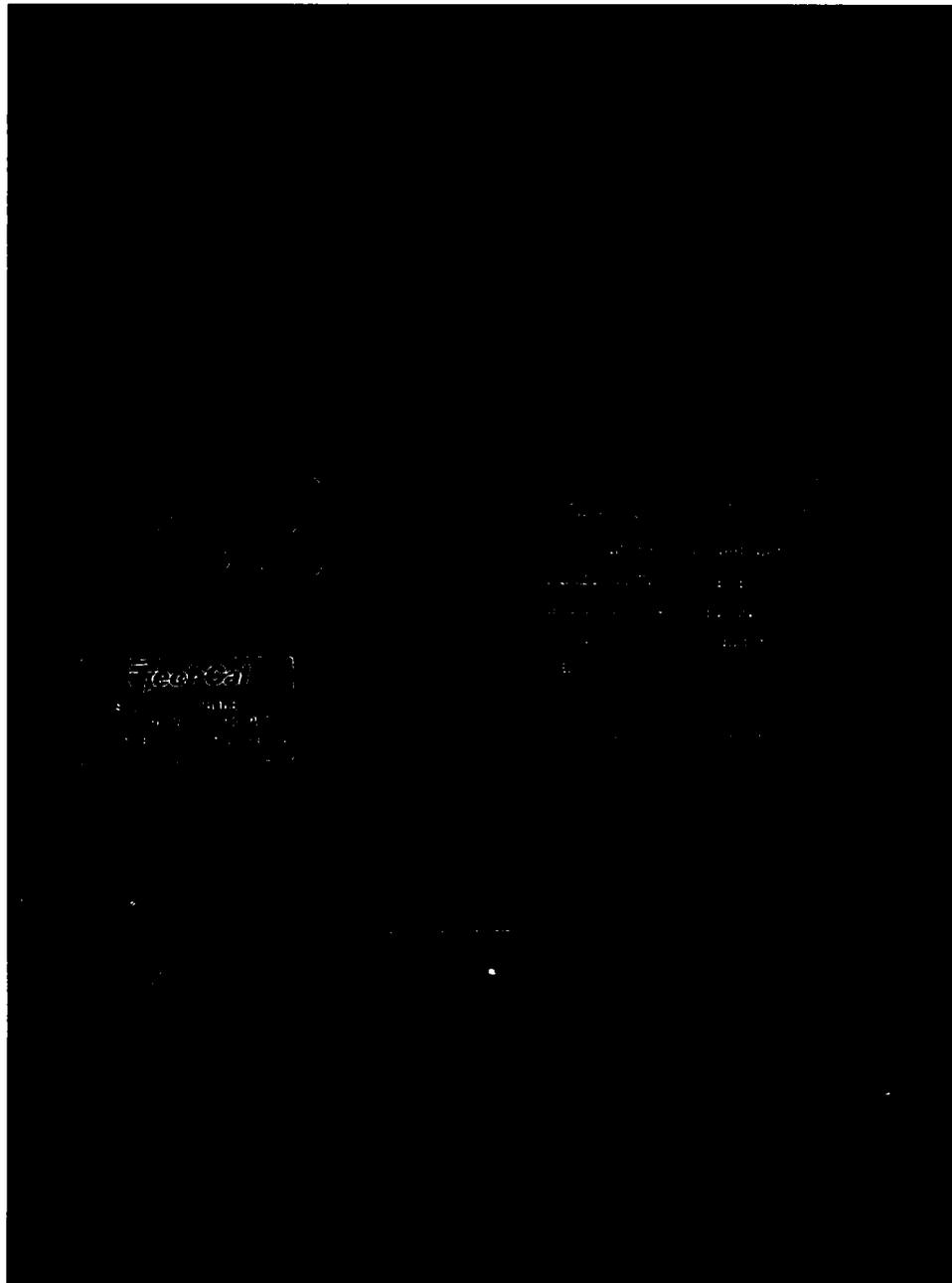
2-2-20

1000 1HR

Chart Put On _____ Taken Off _____

Location Pirate State 103H

Remarks 30-025-4425



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