

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 Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	<b>Form C-105</b> Revised April 3, 2017  1. WELL API NO. <b>30-025-46400</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)	5. Lease Name or Unit Agreement Name <b>Queso Blanco 13 State Com</b>  6. Well Number:  <p style="text-align: center; font-size: 1.2em;"><b>603H</b></p>
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7. Type of Completion: <input checked="" type="checkbox"/> <b>NEW WELL</b> <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER	
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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</b>	11. Pool name or Wildcat <b>Ojo Chiso; Bone Spring</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:	N	13	22S	34E		1225	South	1562	West	Lea
BH:	K	12	22S	34E		2534	South	2326	West	Lea

13. Date Spudded <b>11/08/19</b>	14. Date T.D. Reached <b>12/02/19</b>	15. Date Rig Released <b>12/04/19</b>	16. Date Completed (Ready to Produce) <b>1/16/2020</b>	17. Elevations (DF and RKB, RT, GR, etc.) <b>3507</b>
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18. Total Measured Depth of Well <b>18550</b>	19. Plug Back Measured Depth <b>18496</b>	20. Was Directional Survey Made? <b>Yes</b>	21. Type Electric and Other Logs Run <b>Gama Ray</b>
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22. Producing Interval(s), of this completion - Top, Bottom, Name <b>11,691 - 18,441</b>	
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**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	1817	17.5	1630 sx	
9.625	40	5570	12.25	1150 sx	
5.5	20		8.75		
5.5	20	18490	8.5	2710 sx	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

26. Perforation record (interval, size, and number) <b>11,691 - 18,441, 1554 holes</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>11,691 - 18,441</td> <td>14,258.454 gals slick water</td> </tr> <tr> <td></td> <td>16,910.710# 100 mesh sand</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	11,691 - 18,441	14,258.454 gals slick water		16,910.710# 100 mesh sand
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11,691 - 18,441	14,258.454 gals slick water						
	16,910.710# 100 mesh sand						

**28. PRODUCTION**

Date First Production <b>1/16/2020</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
1/26/2020	24	1.3		1993	1846	1451	926

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)
	270		1993	1846	1451	41

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>Sold</b>	30. Test Witnessed By <b>Reggie Phillips</b>
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31. List Attachments <b>C-104, Survey, C-102, Additional points required</b>
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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:
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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	Name <b>Kanicia Schlichting</b> Title <b>Sr. Regulatory Analyst</b>	Date <b>2/25/2020</b>
E-mail Address <b>Kanicia.schlichting@cdevinc.com</b>		



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