Submit I Copy To Appropriate District Office Figure 1, (77) 200 (16)	State of New Mexico Minerals and Natural Resources	Form C-103 Revised August 1, 2011
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 NOV 2 0 2012 Santa Fe, NM 87505		WELL API NO.
		30-005-29147 / 5. Indicate Type of Lease
		STATE FEE X
· · · · · · · · · · · · · · · · · · ·	Santa Pe, Nivi 67303	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND RE	PORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS VED RILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Rock Queen Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 303
2. Name of Operator Celero Energy II, LP		9. OGRID Number
3. Address of Operator ₄₀₀ W. Illinois, Ste. 1601		10. Pool name or Wildcat
Midland, 1X 79701		Caprock; Queen
4. Well Location Unit Letter H: 1880 feet from the North line and 660 feet from the East line		
	wnship 13S Range 31E	NMPM County Chaves
11. Elevation 4383'	n (Show whether DR, RKB, RT, GR, etc.,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND		
TEMPORARILY ABANDON ☐ CHANGE PL PULL OR ALTER CASING ☐ MULTIPLE C	, <u> </u>	_
PULL OR ALTER CASING MULTIPLE C	COMPL CASING/CEMEN	I JOB
OTHER:	OTHER: Ran MIT	<u>X</u>
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.		
11/14/12 - Reset pkr @ 3008-3016'. Ran MIT Pressure to 560# for 30 min Maxie Brown with OCD witnessed & approved MIT. Original chart is attached.		
		•
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	•	
SIGNATURE Lua Hent	TITLE Regulatory Analyst	DATE 11/16/2012
Type or print name <u>Lisa Hunt</u>	E-mail address: lhunt@celeroene	rgy.com PHONE: (432)686-1883
For State Use Only		
APPROVED BY:	TITLE Dist Mit	P DATE 11-21-2012
Conditions of Approval (if any).		NOV 2 9 2012

NOV 2 9 2012

