Submit I Copy To Appropriate District State of New Mexico	F C 102
Office Discours Mississis and National Discours	Form C-103 Revised August 1, 2011
District I - (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 8844 0 3 2013	WELL API NO.
District II - (575) 748-1283	30-005-29148
District III (505) 224 6179	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Azlecinm 8 TECEIVED District IV - (505) 476-3460 Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM	of came on so can be and the
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Rock Queen Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 304
2. Name of Operator Celero Energy II, LP	9. OGRID Number 247128
3. Address of Operator <sub>400</sub> W. Illinois, Ste. 1601	10. Pool name or Wildcat
3. Address of Operator <sub>400</sub> W. Illinois, Ste. 1601 Midland, TX 79701	Caprock; Queen
4. Well Location	
Unit Letter J: 1995 feet from the S line and 223	
Section 25 Township 13S Range 31E	NMPM County Chaves
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	<del>_</del>
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	<del>_</del>
DOWNHOLE COMMINGLE	
OTHER: OTHER: MIT	⊠
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.	
3/11/13 - Ran MIT for UIC. Tested to 500#. Final 482#. Tested for 30 mins. Copy of chart is attached.	
49A# 1, #	
190" 1/0 H	
405	
	•
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
SIGNATURE Sua French TITLE Regulatory Analyst	DATE 04/01/2013
Type or print name Lisa Hunt E-mail address: Ihunt@celeroene	gy.com PHONE: (432)686-1883
For State Use Only	/
APPROVED BY: TITLE DIST MGZ	DATE 4-3-2013
Conditions of Approval (if any):	

