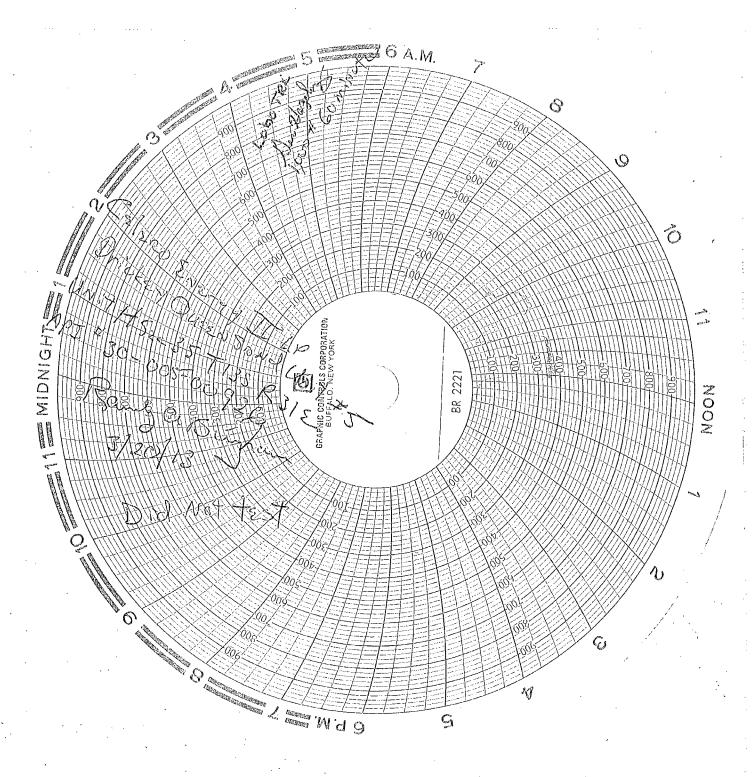
Submit 1 Conv. To Annuaryinto District		HOBBS OCD Form C-103
Submit I Copy To Appropriate District Office	State of New Mexico	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resourc	APR WELLEDINO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-005-00926
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease RECEIVED ATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOTIC	CES 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		Drickey Queen Sand Unit
PROPOSALS.)		0.77/112/
1. Type of Well: Oil Well Gas Well Other Injection		J
Name of Operator Celero Energy	II, LP	9. OGRID Number 247128
3. Address of Operator 400 W. Illin	ois, Ste. 1601	10. Pool name or Wildcat
Midland, T2	< 79701	Caprock; Queen
4. Well Location		
		nd 660 feet from the E line
Section 35	Township 13S Range 31E 11. Elevation (Show whether DR, RKB, RT, G	NMPM County Chaves
	11. Elevation (Show whether EX, KKB, KT, C	
12. Check A	ppropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/C	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: M	
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 reco		· ·
3/20/13 - Ran MIT for UIC. Well	did not test. Failed. Copy of chart is attached.	•
/		
		•
·		
·		
Spud Date:	Rig Release Date:	
I hereby certify that the information a	above is true and complete to the best of my known	owledge and belief.
		•
SIGNATURE JUA 4	TITLE Regulatory Analyst	DATE 04/01/2013
Type or print name Lisa Hunt	E-mail address: lhunt@cel	eroenergy.com PHONE: (432)686-1883
For State Use Only	2 man address, managett	1110112. (402)000-1000
ADDDOVED BY	John TITLE DIST. N	102 DATE 42 70/3
APPROVED BY Conditions of Approval (if any):	John HILE LAS 1. 12	142 DATE 7-5-20D



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