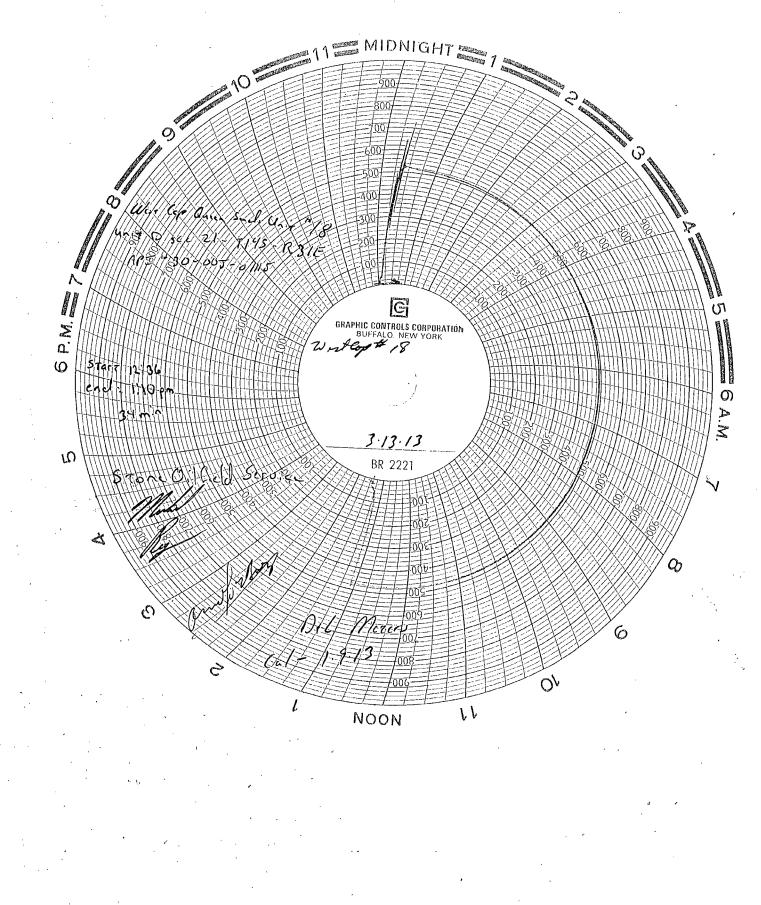
HOBBS OCD	
Submit   Copy To Appropriate District	Form C-103
Submit   Copy To Appropriate District Office District 1 – (575) 393-6161 APR Grargy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	30-005-01115
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 RECEIVEDONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV ~ (505) 476-3460 Santa Fe, NM 87505	STATE X FEE   6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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	West Cap Queen Sand Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 18
2. Name of Operator Celero Energy II, LP	9. OGRID Number
3. Address of Operator 400 W. Illinois, Ste. 1601	247128 10. Pool name or Wildcat
Midland, TX 79701	Caprock; Queen
4. Well Location	
Unit Letter D : 660 feet from the N line and 660	
Section 21 Township 14S Range 31E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County Chaves
12. Oberla Annuanista Den ta Indianta Matura (NIsting Denast en Other Deta	
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 ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK ALTERING CASING REMEDIAL WORK	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
OTHER: OTHER: MIT	X
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.	
3/13/2013 - Ran MIT for UIC. Pressure to 520#. Final 480#. Tested 30 mins. Copy of 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	ge and belief.
SIGNATURE Cla Hunt TITLE Regulatory Analyst	DATE_04/01/2013
Type or print name Lisa Hunt E-mail address: <u>lhunt@celeroend</u>	PHONE: (432)686-1883
For State Use Only	
APPROVED BY	R DATE -3-2013
Conditions of Approval (if any):	
	APR 08 2013 🗸

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