Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised August 1, 2011
District I – (575) 393-6161 Energiates N. French Dr., Hobbs, NM 8820BBS OCD	gy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> – (575) 748-1283	CONSERVATION DIVISION	30-005-01127
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 MAR 1 7 2014	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
District III - (505) 476-3460 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVED		
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOR		Drickey Queen Sand Unit
PROPOSALS.) 1. Type of Welly Oil Well Gos Well		8. Well Number 53
Name of Operator Celero Energy II, LP	Other Injection	9. OGRID Number
Celero Energy II, LP		247128
3. Address of Operator 400 W. Illinois, Ste. 16 Midland, TX 79701	501	10. Pool name or Wildcat
4. Well Location Caprock; Queen		
Unit Letter H: 1660	feet from the N line and 990	feet from the E line
Section 22	Township 14S Range 31E	NMPM County Chaves
11. Eleva	ntion (Show whether DR, RKB, RT, GR, etc.,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTIO PERFORM REMEDIAL WORK PLUG AN	N TO: SUB ND ABANDON □ REMEDIAL WOR	SEQUENT REPORT OF: K
TEMPORARILY ABANDON CHANGE		-
	E COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE		
OTHER:	OTHER: MIT for	UIC purposes only
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.		
3/4/14 - Ran MIT for UIC purposes only. Test failed. Copy of chart is attached. This well is on our ACOI-259-C & should not have		
to be tested.		
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Spud Date:	Rig Release Date:	
Spud Date.	Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
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SIGNATURE JUA Front	TITLE Regulatory Analyst	DATE <u>03/14/2014</u>
Type or print name Lisa Hunt	E-mail address: lhunt@celeroene	rgy.com PHONE: (432)686-1883 /
For State Use Only		(102)000 1000
APPROVED BY: Accepted for Record Only DATE		
Conditions of Approval (if any): MUSS 3/18/2014		
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