Submit 1 Copy To Appropriate District Offlice District 1 (575) 202 (16)	tate of New Mexico	Form C-103 Revised August 1, 2011
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION		30-005-00930 5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Azlec, NM 87410 APR 17 201220 South St. Francis Dr.		STATE X FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS		303735 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 PROPOSALS.)		Rock Queen Unit
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 85
2. Name of Operator Celero Energy II, LP		9. OGRID Number 247128
3. Address of Operator ₄₀₀ W. Illinois, Ste. 1601 Midland, TX 79701		10. Pool name or Wildcat Caprock; Queen
4. Well Location		усаргоск, Queen
Unit Letter D: 550 feet from the North line and 600 feet from the West line		
Section 36 Township 13S Range 31E NMPM County Chaves 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
11. Elevation (Show whether DK, KKB, KT, OK, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON CHANGE PLANS COMPLICATION CONTROL CONTROL PROGRAM Manual PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN 1 JOB INJECTION CONTROL PROGRAM MANUAL		
PULL OR ALTER CASING MULTIPLE CO	DMPL CASING/CEMEN	build injection Courtoi Lingiam Mannai
DOWNHOLE COMMINGLE	11.6 C Pa	cker shall be set within or less than 100
OTHER: OTHE feet of the uppermost injection perfs or open hole.		
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.		
I.Blow well down. Unset packer, circulate hole with produced water and POOH w/packer and injection tubing. 2.RIH w/new injection packer testing tubing in hole. 3.Space out, land tubing, and test for communication. ND BOPE, NU wellhead.		
4.Schedule and perform MIT. RWTI.		
	Co	ndition of Approval: notify
The Oil Conservation Division		CD Hobbs office 24 hours
	prior	of running MIT Test & Chart
MIOS I DE NOTIFIED 24 Modis		
Prior to the beginning of operations	•	
Smul Duta.	D' D I D I	
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 ISA Front	TITLE Regulatory Analyst	DATE <u>04/15/2013</u>
Type or print name Lisa Hunt For State Use Only	- M-mail address: Ihunt@celeroener	rgy.com PHONE: (432)686-1883
APPROVED BY:	TITLE DIST. MAD	- DATE - 23-20/3
Conditions of Approval: The Operator shall give the OCD District office 24 hours notice before work begins CONDITION OF APPROVAL: Notify OCD Hobbs Office 24 hours prior to running MIT Test & Chart.		

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Office 24 hours prior to running MIT Test & Chart.

APR 2 3 201