

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JUN 21 2011**RECEIVED**

WELL API NO.

30-025-05204

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

W T Mann A

8. Well Number

2

9. OGRID Number

247128

10. Pool name or Wildcat

Denton; Devonian

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Celero Energy II, LP

3. Address of Operator

400 W. Illinois, Ste. 1601

Midland, TX 79701

4. Well Location

Unit Letter B

: 660

feet from the North

line and 2310

feet from the East

line

Section 36

Township 14S

Range 37E

NMPM

County Lea

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:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER: Convert to Injector

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐

OTHER:

☐

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.

1. Set CIPB @ 12725' & cap with minimum ^{35'}20' cement.
2. Perforate 12370 - 12644'.
3. Dress off tieback extension.
4. RIH w/ permanent packer, set & test.
5. RIH w/ 4-1/2" injection string, test, circulate inhibited packer fluid.
6. Acidize w/ 20,000 gals inhibited 15% NEFE HCL.
7. Run MIT & place well on injection as per Order No. R-13387.

Need to Re-name and number well upon completion
as injection well This can be done on the form C-103

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

Lisa Hunt

TITLE Regulatory Analyst

DATE 06/21/2011

Type or print name Lisa Hunt

E-mail address: lhunt@celeroenergy.com

PHONE: (432)686-1883

For State Use Only

APPROVED BY:

Maley Brown

TITLE

Compliance Officer

DATE

6/22/2011

Condition of Approval: The operator shall give 24 hour notice to the appropriate District office before work begins

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.

JUN 22 2011