| Submit 1 Copy To Appropriate District                                                                                                                                                                                                                                                                                                                     | State of New Me                                                                                                                                                                                                                                                                                                                             | aviaa                                                                                                                                                                                                | Form C-103                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Office                                                                                                                                                                                                                                                                                                                                                    | Energy, Minerals and Nati                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      | Revised August 1, 2011                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |  |  |
| District I – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240 C                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             | arar icesources                                                                                                                                                                                      | WELL API NO.                                                                                                                                                                                                                                                                                                                                                                                                                                | ٦                                                                                                                                       |  |  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283<br>Artesia, NM 88210<br>OIL CONSERVATION DIVISION                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 30-005-29155                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 5. Indicate Type of Lease<br>STATE X FEE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |  |  |  |  |  |
| $\frac{District III}{1000 \text{ Rio Brazos Rd., Aztec, NM 874HeV}} 16 2012 1220 \text{ South St. Francis Dr.} Santa Fe, NM 87505 12306 5 F. F. S. M. S. F. S. S.$                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |  |  |  |  |  |
| 1270 S SE Francis Dr. Santa Fe, NM                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| 87505<br>SUNDRY NOPICES 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                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | Rock Queen Unit                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| PROPOSALS.)<br>1. Type of Well: Oil Well Gas Well Other Injection                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 8. Well Number 310                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                       |  |  |  |  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 9. OGRID Number                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                       |  |  |  |  |  |
| Celero Energy II, LP                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 247128                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |  |  |
| 3. Address of Operator <sub>400</sub> W. Illinois, Ste. 1601<br>Midland, TX 79701                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |  |  |  |  |  |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                          | /9/01                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | Caprock; Queen                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |  |  |  |  |  |
| Unit Letter N : 660                                                                                                                                                                                                                                                                                                                                       | ) feet from the South                                                                                                                                                                                                                                                                                                                       | line and 210                                                                                                                                                                                         | 0 feet from the West line                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                                                                                                                                       |  |  |  |  |  |
| Section 24                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             | ange 31E                                                                                                                                                                                             | NMPM County Chaves                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           | 1. Elevation (Show whether DR                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| 12. Check App                                                                                                                                                                                                                                                                                                                                             | propriate Box to Indicate N                                                                                                                                                                                                                                                                                                                 | lature of Notice,                                                                                                                                                                                    | Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |  |  |  |  |  |
| NOTICE OF INTE                                                                                                                                                                                                                                                                                                                                            | ENTION TO:                                                                                                                                                                                                                                                                                                                                  | SUB                                                                                                                                                                                                  | SEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |  |  |  |  |  |
| PERFORM REMEDIAL WORK 🔲 🛛 F                                                                                                                                                                                                                                                                                                                               | PLUG AND ABANDON                                                                                                                                                                                                                                                                                                                            | REMEDIAL WOR                                                                                                                                                                                         | K ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             | COMMENCE DR                                                                                                                                                                                          | —                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |  |  |  |  |  |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             | CASING/CEMEN                                                                                                                                                                                         | T JOB LJ                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| OTHER:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             | OTHER: Sqz csg                                                                                                                                                                                       | leak X                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                                                                                                                       |  |  |  |  |  |
| 13. Describe proposed or complete                                                                                                                                                                                                                                                                                                                         | d operations. (Clearly state all                                                                                                                                                                                                                                                                                                            | pertinent details, and                                                                                                                                                                               | d give pertinent dates, including estimated dat                                                                                                                                                                                                                                                                                                                                                                                             | 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.                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| 5/2 - 5/9/12                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| 5/2 5/7/12                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |  |  |  |  |  |
| Perf 4" csg with 2 1/2" cased gun, 3 S                                                                                                                                                                                                                                                                                                                    | SPF, 120 degree phasing at 3022                                                                                                                                                                                                                                                                                                             | 2.5'. TIH w/ 83 jts c                                                                                                                                                                                | of 2 3/8" tbg WS with 4" AS1-X pkr. Set pkr                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |  |  |  |  |  |
| from 2659' to 2666'. Pump into perfo                                                                                                                                                                                                                                                                                                                      | rations @ 3022.5'. Pump 150 sz                                                                                                                                                                                                                                                                                                              | x of Class "C" cmt.                                                                                                                                                                                  | Est TOC at 2917'. WOC 24 hrs. TOH w/ tbg                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |  |  |  |  |  |
| from 2659' to 2666'. Pump into perfo<br>& pkr. TIH w/ 3 1/4" bit, 4 - 2 7/8" E<br>x 10 rd by 2 3/8" EUE, x-over, 4" nic                                                                                                                                                                                                                                   | rations @ 3022.5'. Pump 150 s:<br>DC's and 2 3/8" tbg WS. Tag cm<br>:kel plated AS1-X pkr with 1.50                                                                                                                                                                                                                                         | x of Class "C" cmt.<br>t in 4" liner at 2951'<br>" "F" profile nipple                                                                                                                                | Est TOC at 2917'. WOC 24 hrs. TOH w/ tbg<br>. Ran 1 jt of 2 3/8" OD fiberglass tbg, 1 1/2"<br>and on/off tool plus 93 jts of 2 3/8" OD 4.7#                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |  |  |  |  |  |
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| from 2659' to 2666'. Pump into perfo<br>& pkr. TlH w/ 3 1/4" bit, 4 - 2 7/8" E<br>x 10 rd by 2 3/8" EUE, x-over, 4" nic<br>8rd EUE J-55 EUE IPC tbg. Ran & s<br>from pkr with on/off tool. Circ hole v                                                                                                                                                    | rations @ 3022.5'. Pump 150 sz<br>DC's and 2 3/8" tbg WS. Tag cm<br>ckel plated AS1-X pkr with 1.50<br>et pkr from 2997' to 3004' with<br>vith 75 bbls of pkr fluid. Latch b                                                                                                                                                                | x of Class "C" cmt.<br>t in 4" liner at 2951'<br>" "F" profile nipple<br>fiberglass tbg from 2<br>pack onto pkr, pullin                                                                              | Est TOC at 2917'. WOC 24 hrs. TOH w/ tbg<br>'. Ran 1 jt of 2 3/8" OD fiberglass tbg, 1 1/2"<br>and on/off tool plus 93 jts of 2 3/8" OD 4.7#<br>3004' to 3033'. EOT @ 3033.40'. Release<br>g 10 pts of tension on same. NDBOP & NU                                                                                                                                                                                                          |                                                                                                                                         |  |  |  |  |  |
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Conditions of Approval (if any).

| YAM | 17 | 2012 |
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