

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-20354
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Knight
8. Well Number 7
9. OGRID Number 230164
10. Pool name or Wildcat Langlie Mattix Seven Rivers Queen

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name Knight
2. Name of Operator Celero Energy, LP	8. Well Number 7
3. Address of Operator 400 W. Illinois, Suite 1300, Midland, Texas 79701	9. OGRID Number 230164
4. Well Location Unit Letter <u>I</u> : <u>2,635</u> feet from the <u>South</u> line and <u>1,315</u> feet from the <u>East</u> line Section <u>21</u> Township <u>24-S</u> Range <u>37-E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Langlie Mattix Seven Rivers Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,216'GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type <u>STEEL</u> Depth to Groundwater <u>83'</u> Distance from nearest fresh water well <u>over 1000'</u> Distance from nearest surface water <u>over 1000'</u>	
Pit Liner Thickness: <u>STEEL</u> mil Below-Grade Tank: Volume <u> </u> bbls; Construction Material <u>STEEL</u>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/12/05 Notified NMOCD. MIRU Triple N rig #25 & plugging equipment. Set steel pit. NU BOP. Cut tbg @ 3,194'. PU on tubing, free. SD needing slip-type elevators.

04/13/05 POOH w/ production tubing. Unable to set CIBP. SDFN.

04/14/05 RIH w/ tbg to 3,190'. Pumped 25 sx C cmt @ 3,190'. WOC and tagged cmt @ 2,900'. Circulated mud and pumped 25 sx C cmt 2,495 - 2,124'. Perforated casing @ 1,325'. RIH w/ packer, squeezed 50 sx C cmt @ 1,325'. Tagged cmt @ 1,145'. Perforated casing @ 870'. RIH w/ packer, squeezed 30 sx C cmt @ 870', SDFN.

04/15/05 Squeezed an additional 30 sx C cmt @ 870'. Tagged cmt @ 612'. Perforated casing @ 294'. Circulated 70 sx C cmt 294' to surface. RDMO, pulled equipment off location w/ dozer.

04/18/05 Cut off wellhead & anchors, installed dry hole marker.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tami Wilber TITLE Regulatory Analyst DATE

Type or print name Tami Wilber E-mail address: Telephone No. 432-686-1883
For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 28 2005
Conditions of Approval (if any):