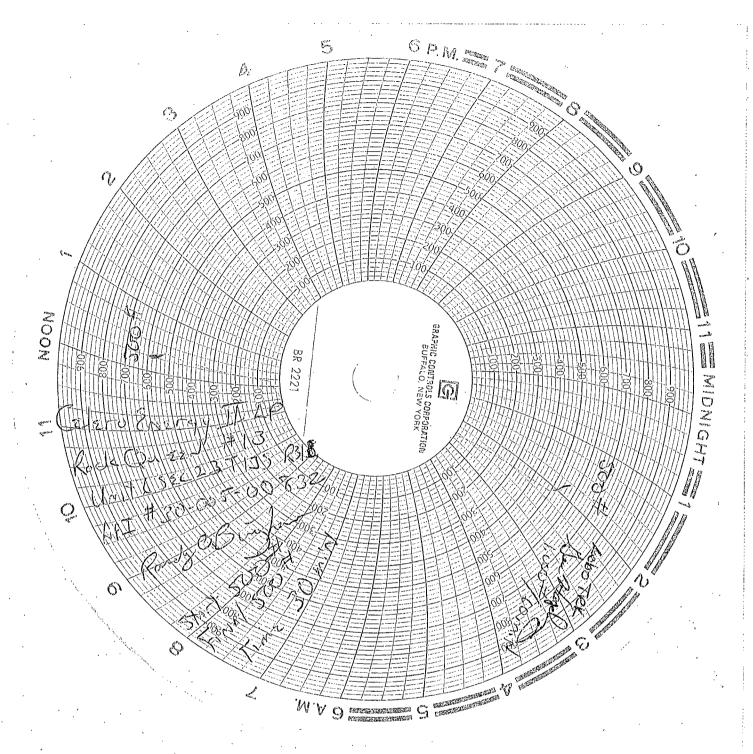
Submit I Copy To Appropriate District Office	State of New Mexico HOBBS	oca	Form C-103 Revised August 1, 2011	
District I = (575) 393-6161 Energ 1625 N. French Dr., Hobbs, NM 88240	y, Minerals and Natural Resources	WELL API NO.	Revised August 1, 2011	
<u>District II</u> – (575) 748-1283	CONSERVATION DIVISMONZ 8	2013 30	)-005-00832	
	1220 South St. Francis Dr.	5. Indicate Type of		
1000 Rio Brazos Rd., Aztec, NM 87410	~ - >>>	STATE X State Oil & Gas		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505 <b>RECEIV</b>	. State Off & Cas	Lease IVO.	
SUNDRY NOTICES AND I		7. Lease Name or U	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	Rock Queen Unit	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number	13	
2. Name of Operator		9. OGRID Number		
Celero Energy II, LP		10 5	247128	
3. Address of Operator <sub>400</sub> W. Illinois, Ste. 1601 Midland, TX 79701		1	10. Pool name or Wildcat	
4. Well Location		Caprock; Queen		
	eet from the N line and 198	0 feet from	the W line	
	Fownship 13S Range 31E		County Chaves	
DATE OF THE PROPERTY OF THE PR	ion (Show whether DR, RKB, RT, GR, etc.			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
• •		•	•	
NOTICE OF INTENTION PERFORM REMEDIAL WORK PLUG AN	N TO: SUB D ABANDON ☐ REMEDIAL WOR	SEQUENT REP	ORTOF: ALTERING CASING □	
TEMPORARILY ABANDON  CHANGE			P AND A	
PULL OR ALTER CASING MULTIPLI	<del>-</del>			
DOWNHOLE COMMINGLE				
OTHER:	☐ OTHER: MIT		$\overline{\mathbf{X}}$	
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.				
3/19/2013 - Ran MIT. Pressure to 500#. Held for 30 min. Copy of chart is attached.				
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		The state of the s		
Spud Date:	Rig Release Date:			
opud Date.	Rig Release Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Sua Front	TITLE Regulatory Analyst	DAT	E 03/27/2013	
Type or print name Lisa Hunt	E-mail address: lhunt@celeroene	ergv.com PHO	NE: (432)686-1883	
For State Use Only			1	
APPROVED BY Jones	TITLE DIST. MAR	T. i m	5 4-2 2012	
Conditions of Approval (if any):	- IIILE W. III AR	DAT	E 1-6-000	

APR 0 3 2013



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