Submit I Copy To Appropriate District OBBS OCD State of New Mexico	Form C-103
District 1 – (575) 303-6161 Energy. Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
District II - (575) 748-1283 APR 0 3 CV CONGEDIVATION DIVIGION	30-005-01107
District III - (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fc, NM 87505	
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	7. Lease Name or Unit Agreement Name West Cap Queen Sand Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 16
Name of Operator Celero Energy II, LP	9. OGRID Number 247128
3. Address of Operator 400 W Illinois Ste 1601	10. Pool name or Wildcat
3. Address of Operator 400 W. Illinois, Ste. 1601 Midland, TX 79701	Caprock; Queen
4. Well Location	
Unit Letter B: 330 feet from the N line and 2310 feet from the E line Section 21 Township 14S Range 31E NMPM County Chaves	
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: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	
OTHER:	ĪΣΙ
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.	
3/13/2013 - Ran MIT for UIC. Pressure to 490#. Final 480#. Tested 30 mins. Copy of chart is attached.	
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Spud Date: Rig Release Date:	
Trig Rolease Bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Loa Hunt TITLE Regulatory Analyst	DATE 04/01/2013
Type or print name Lisa Hunt E-mail address: lhunt@celeroenergenergenergenergenergenergenergen	rgy.com PHONE: (432)686-1883
Do trans	DATE 4-7 20 12
APPROVED BY: Conditions of Approval (if any):	DATE / - J - W - L

*APR 0.8 2013

