Submit 1 Copy To Appropriate District APR 0 3 2013 State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr. Hobbs NM 8\$240	WELL API NO. 30-005-21157
District II - (575) 748-1283 811 S. First St., Artesia, NM 88216 RECEIVE CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> - (505) 476-3460 Santa Fe, NIVI 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES 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 PROPOSALS.)	Drickey Queen Sand Unit
1 Type of Well: Oil Well Gas Well Other Injection	8. Well Number 55
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
Midland, TX 79701	Caprock; Queen
4. Well Location	
Unit Letter M: 140 feet from the S line and 330	feet from the W line
Section 15 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: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
_	
OTHER: OTHER: MIT 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.	inproduction in the section and section in the sect
3/19/13 - Ran MIT for UIC. Tested to 520#. Final 520#. Tested for 30 mins. Copy of chart is attached.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
φ : φ	
SIGNATURE TITLE Regulatory Analyst	
	DATE <u>04/01/2013</u>
Type or print name Lisa Hunt E-mail address: lhunt@celeroene	
Type or print name Lisa Hunt E-mail address: lhunt@celeroene	

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