

HOBBS OCD

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

FORM APPROVED
 OMB No. 1004-0137
 Expires: October 31, 2014

JAN 24 2014
RECEIVED
DRY NOTICES AND REPORTS ON WELLS
 Do not use this form for proposals to drill or to re-enter an
 abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-03844
2. Name of Operator Celero Energy II, LP		6. If Indian, Allottee or Tribe Name
3a. Address 400 W. Illinois, Ste. 1601 Midland TX 79701	3b. Phone No. (include area code) (432)686-1883	7. If Unit of CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' N 330' S UL: A, Sec: 27, T: 13S, R: 31E		8. Well Name and No. ROCK QUEEN UNIT #29
		9. API Well No. 30-005-00883
		10. Field and Pool or Exploratory Area CAPROCK; QUEEN
		11. County or Parish, State CHAVES NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Sand frac
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)
 12/16 - 12/21/13

Frac at 3031' -3043.5 with 30 # X-Link using Brown 20/40 mesh sand in #1 #2 #3 stages. Breakdown at 1,256 psi, Max pressure 1,865 psi, Avg treating pressure 1,035 psi, Avg pressure on pad 923 psi, Avg pressure on sand 1,097 psi, Avg pressure on flush 1,085 psi. ISIP - 1,165#, 5 min - 910#, 10 min - 755#, 15 min - 640#. Release Globe's 4 1/2" treating pkr and TOH w/ same on 2 3/8" O.D. tbg work string. TIH w/ tbg work string & 3 3/4" bit. Tag at 3059'. Circ hole clean. Very little fill. TOH w/ bit. TIH w/ tbg work string, 2 3/8" perforated nipple and Globe Energy's nickel plated 4 1/2" AS1-X cap string packer with blanking plug in 1.125 "Q" profile nipple. Ran and set packer at from 2992' to 3005'. Circulate packer fluid. Test casing & pkr to 500# and held okay. TIH w/ 91 jts of 2 3/8" OD 4.7# 8rd EUE J-55 seal lube IPC tbg w/ 6', 8' & 10' - 2 3/8" IPC tbg subs, gas buster w/ sub, NP on/off tool plus 2 - 3/8" SS cap strings banded to tbg. Install 7 1/16, 3K, slip type tbg head flange w/ 2 - 1" outlets w/ stuffing boxes for cap strings. Pumped thru both CO2 and Water - 3/8" cap strings okay. Finish flanging up, placing 10 points of compression on packer. Install 2 1/6", 5K full opening tubing valve. Turn well to production facilities.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Lisa Hunt	Title Regulatory Analyst
Signature <i>Lisa Hunt</i>	Date 01/13/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by ACCEPTED FOR RECORD /S/ DAVID R. GLASS	Title DAVID R. GLASS	Date
Conditions of approval, if any, attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office ROSWELL FIELD OFFICE	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or reports, or any matter within its jurisdiction.

JAN 28 2014