Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88210BBS OCU	Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 882100000		30-005-00993
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 MAR 1 7 2014 12	ONSERVATION DIVISION 🗸 20 South St. Francis Dr.	5. Indicate Type of Lease Fed
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa re, Nivi 6/303	6. State Oil & Gas Lease No.
	DODING ON WELLG	7 1 11 2 4
SUNDRY NOTICES AND RE		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PER		Drickey Queen Sand Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other Injection	8. Well Number 832
2 Name of Operator		9. OGRID Number
Celero Energy II, LP		247128
3. Address of Operator ₄₀₀ W. Illinois, Ste. 1601 Midland, TX 79701		10 Pool name or Wildcat
4. Well Location		Caprock; Queen
	t from the N line and 990	feet from the W line
	wnship 14S Range 31E	NMPM County Chaves
	n (Show whether DR, RKB, RT, GR, etc.	
	•	
12 (1) 1 4	CNI (P (01 P)
12. Check Appropriate I	Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION	TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND	<u> </u>	
TEMPORARILY ABANDON	_	
PULL OR ALTER CASING MULTIPLE C DOWNHOLE COMMINGLE	COMPL CASING/CEMEN	I JOB
OTHER:	OTHER: MIT for	UIC purposes only
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.		
3/5/14 - Ran MIT for UIC purposes only. Test failed. Copy of chart is attached. This well is on our ACOI-259-C & should not have		
to be tested.		
Spud Date:	Rig Release Date:	
Spud Date.	Rig Release Date.	
I hereby certify that the information above is true as	nd complete to the best of my knowledg	ge and belief.
Λ I		
SIGNATURE LIVA HUNT	TITLE Regulatory Analyst	DATE 03/14/2014
	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S	
Type or print name Lisa Hunt	E-mail address: <u>lhunt@celeroend</u>	ergy.com PHONE: (432)686-1883
For State Use Only	Bosanda de .	
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	MAB 3/18/2014	
	1.000 -1.01201.	MAR 18 2014

