Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 HOBBS OCD Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WÉLL API NO. 30-005-01117
District II - (575) 748-1283 811 S. First St., Artesia, NM 8821AR 17 2014OIL CONSERVATION DIVISION District III - (505) 334-6178		5. Indicate Type of Lease
<u>District III</u> = (303) 334-0176	1220 South St. Francis Dr.	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NINECELVED		
87505 SUNDRY NOTICES AND RE	PORTS 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 PE. PROPOSALS.)	RMIT" (FORM C-101) FOR SUCH	West Cap Queen Sand Unit
1 Type of Well: Oil Well Gas Well G	Other Injection	8. Well Number 20
2. Name of Operator Celero Energy II, LP	injection ,	9. OGRID Number
Celero Energy II, LP		
3. Address of Operator 400 W. Illinois, Ste. 1601		10. Pool name or Wildcat
Midland, 1X /9/01		Caprock; Queen
4. Well Location		
Unit Letter F : 1980 fee	t from the N line and 1	980 feet from the W line
	wnship 14S Range 31E	NMPM County Chaves
11. Elevatio	n (Show whether DR, RKB, RT, GR, e	tc.)
12. Check Appropriate	Box to Indicate Nature of Notic	e, Report or Other Data
NOTICE OF INTENTION	TO: 911	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND		
TEMPORARILY ABANDON CHANGE PI	_	PRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE (<u> </u>	
DOWNHOLE COMMINGLE	_	_
OTHER:	OTHER: MIT f	or UIC purposes only
		and give pertinent dates, including estimated date
of starting any proposed work). SEE RUI proposed completion or recompletion.	LE 19.13.7.14 NMAC. For Multiple C	completions: Attach wellbore diagram of
		100000000000000000000000000000000000000
3/5/14 - Ran MIT for UIC purposes only. Test f to be tested.	alled. Copy of chart is attached. This	s well is on our ACOI-259-C & should not have
to be tested.		
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Spud Date:	Rig Release Date:	
I hereby certify that the information above is true a	nd complete to the best of my knowled	dge and belief.
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Li Al		
SIGNATURE usa Hunt	TITLE Regulatory Analyst	DATE <u>03/14/2014</u>
Type or print name Lisa Hunt	E-mail address: <u>lhunt@celeroe</u>	nergy.com PHONE: (432)686-1883
For State Use Only	L man address. munique eleroe	111011E. (432)000-1003
	Manhad Ro-B-	Λ
	ALEGERATE REPORT OF THE PROPERTY OF THE PARTY OF THE PART	n .
	copted for Record Only	DATE
Conditions of Approval (if any):	WH 3/18/2014	DATE

