Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		WELL API NO.	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	OV. GOVIGED 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		WELL API NO.	30-005-00821
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	
District IV	Santa Fe, NM 8/505		6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		303735		
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 PROPOSALS.)			7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT	
1. Type of Well: Oil Well Gas Well OtherConvert injector to producer		8. Well Number	18	
2. Name of Operator			9. OGRID Num	ber 247128 /
CELERO ENERGY II, LP			10. Pool name o	
3. Address of Operator 400 W. Illinois, Ste 1601 Midland, TX 79701			CAPROCK QU	1
4. Well Location			CAPROCK QU	EEN
Unit Letter I: 1980' feet from the S line and 990' 660 feet from the E line				
Section 23 Township 13S Range 31E NMPM CountyCHAVES				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4412' Pit or Below-grade Tank Application or Closure				
		water well Diet	ance from nearest sur	fogo water
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
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	CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	I JOB \square	
OTHER:Convert injector to produce		OTHER:		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
MIRU Well Service Rig				
TOOH w/ injection tbg				Ceve
Verify casing integrity Clean out well to TD & deepen approx. 20' to fully evaluate Queen Sand interval				
D OD OOK ON I				
TIH w/ production equipment				
Return well to production			HOE	BS OCD
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.				
SIGNATURE Jay	O CALLO TITLEO	perations Tech		DATE 07/07/2008
Type or print name Haylie Urias For State Use Only	•	nddress: hurias@celero		elephone No. (432)686-1883
APPROVED BY: Miss Es	ellerne TITLE	SUPERVISOR/GEN	tal Manager	⁻ ¹¹5 1
Conditions of Approval (if any):				10 [] 0 [000