Do r abar	SUNDRY NOTICI ot use this form t idoned well. Use f	New Mexico (INITEDSTATES MENT OF THEINT OF.LAND MANAGE ES AND REPOR for proposals to dri Form 3160-3 (APD) E - Other instructio	1625 N. Fro ENCEPTS, N MENT TS ON WEI II or to re-e for such pro	ench Drive M 88240 LLS nter an oposals.	FORMAPPROVED OM B No. 1004-0137 Expires: March 31, 2007 5. Lease Serial No. LC-068288(b) 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. ROCK QUEEN UNIT
X Oil Well Gas Well Other 2. NameofOperator CELERO ENERGY II, LP OCDARTESIA 3a. Address 3b. PhoneNo.(include area code)					8. Well Name and No. 65 9. API Well No. 30-005-00861
400 W. Illinois, Ste 1601 Midland TX 79701 (432)686-1883 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 25; Unit Itr O; T13S; R31E 660' FSL & 1980' FEL					10. Field and Pool, or Exploratory Area CAPROCK QUEEN 11. County or Parish, State CHAVES COUNTY NEW MEXICO
12. CHECK APPROPRIATE BOX(ES)TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
******	YPEOF SUBMISSION TYPEOF ACTION				
Noticeof Intent Subsequent Rep	ort Casi	rCasing Fr ing Repair N nge Plans Pl	eepen actureTreat ew Construction ugand Abandon ugBack	X Production (State Reclamation Recomplete TemporarilyAb Water Disposal	Well Integrity Other
Attach the Bond following complete testing has been a determined that the Return this abar 4/3/2008 - 4/11 MIRU Service (3000#, held ok @ 3 BPM & 14 TAC. Set TAC	to deepen directionally or under which the work will stion of the involved operator ompleted. Final Abandon he site is ready for final in: ndoned well back /2008 Company. POOH Acidize Queen 50 psi avg SITP. @ 2995'. EOT @	recomplete horizontally, given the performed or provide the ations. If the operation result ament Notices shall be filed of spection.) to producing. w/ production equination the production of	ve subsurface locat e Bond No. on file s in a multiple com only after all requir pment. CO v ') w/ 2500 ga bad back. Ra on productio	tions and measured and e with BLM/BIA. Requirements, including reclar well to 3070'. Real 7 1/2% NEFE in progressive can progressive can w/ a 24 hr. tes	and any proposed work and approximate duration thereof true vertical depths of all pertinent markers and zones uired subsequent reports shall be filed within 30 days in in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has epair WH. Pressure tested csg to acid and 500# rock salt in two stages avity pump, 2 7/8" production tbg and st of 10 BOPD and 259 BWPD.
					JUN 0 4 2008
Name (Printed/)	that the foregoing is true (yped)	e and correct	ł		
Haylie Urias	1		Title	Operations Tecl	h
Signature	Laubin 1	laro	Date	05/13/2008	
ACCEPTED FOR RESPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by 15	DAVID	R. GLASS	Ti	tle	Date
which would entitle t	ne applicant to conduct		0.	ffice snowingly and willfully thin its jurisdiction.	y to make to any department or agency of the United

(Instructions on page 2)

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