Office	ate of New Mexico	Form C-103
District Linergy, M1	nerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobber 188740		WELL API NO. 30-025-00301
1301 W Grand Ave Artesia NM 88210 OIL CON	SERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87470 2 2 2008 Sa	South St. Francis Dr.	STATE X FEE D
District 1 v	nta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Sand Fe, 1970		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 Other Injector		8. Well Number 8
2. Name of Operator CELERO ENERGY II, LP		9. OGRID Number 247128
3. Address of Operator 400 W. Illinois, Ste. 1601 Midland, TX 79701		10. Pool name or Wildcat Caprock Queen
4. Well Location		
Unit Letter H: 1980 feet from the North line and 660 feet from the East line		
	ship 13S Range 32E	NMPM County Lea
	how whether DR, RKB, RT, GR, etc.)	
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 COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASING/CEMEN		
DOWNHOLE COMMUNINGLE		
OTHER: Re-Activate Injector 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. Plugback the Queen interval. Cut & pull free 4 1/2" production csg (2400' +/-). Sidetrack wellbore to TD @ 3085'. Run & cmt 4 1/2" csg from TD to surface. Run GR/CCL/CN log. Perforate & acidize the Queen interval. Run MIT. TIH w/injection equipment. Return well to injection.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE LUA HUNT	TITLE_Regulatory Analyst	DATE_09/19/2008
Type or print name Lisa Hunt	E-mail address: LHunt@celeroen	ergy.com PHONE: (432)686-1883
For State Use Only	OC PILLO REPRESENTATIVE I	1/STAFF MARY CIES
APPROVED BY		DATE EP 2 3 2008
APPROVED BY: 7 MM 10. STORY Conditions of Approval (if any):	TITLE	DATE C O COO