

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

OIL CONSERVATION DIVISION

MAY 28 2009

HOBBSON

220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-005-21153

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Drickey Queen Sand Unit

8. Well Number 56

9. OGRID Number

247128

10. Pool name or Wildcat

Caprock Queen

## 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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection ☒

2. Name of Operator CELERO ENERGY II, LP

3. Address of Operator 400 W. Illinois, Ste. 1601  
Midland, TX 79701

4. Well Location

Unit Letter D : 130 feet from the North line and 380 feet from the West line

Section 15 Township 14S Range 31E NMPM County Chaves

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4185' GL

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Repair communication

☒

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.

1. RU & pull injection string.
2. Make a bit run to TD at 5500' (MD).
3. Re-run injection tbg & test in hole.

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 Lisa Hunt TITLE Regulatory Analyst DATE 05/26/2009Type or print name Lisa Hunt E-mail address: LHunt@celeroenergy.com PHONE: (432)686-1883

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 02 2009

Conditions of Approval (if any):