Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resou	rces October 13, 2009 WELL API NO.
Distriction D	PERONEGONSERVATION DIVISI	20 025 05122
District III	CEPTE CONSERVATION DIVISI 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	1 2 9 2010 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, MOE	BSOCD	
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DELPEN OR PLUG BACK T 2/ATION FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well X	Gas Well Other	8. Well Number 6
2. Name of Operator CELERO ENERGY II, LP		9. OGRID Number 247128
3. Address of Operator 400 W. III	inois, Ste. 1601	10. Pool name or Wildcat
Midland, '4. Well Location	1 X 79701	Denton; Devonian
Unit Letter D : 990 feet from the North line and 660 feet from the West line		
Section 26	Township 14S Range 37E	NMPM CountyLea
	11. Elevation (Show whether DR, RKB, RT, 3822'	GR, etc.)
	3822	
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 REMEDI	AL WORK ALTERING CASING
TEMPORARILY ABANDON X PULL OR ALTER CASING	!	NCE DRILLING OPNS.☐ P AND A ☐
DOWNHOLE COMMINGLE	WOLTH EL COM E	OZIMENT OOD
OTHER:	☐ OTHER:	n l
13. Describe proposed or comp	leted operations. (Clearly state all pertinent d	etails, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
1) RIH w/workstring.		
2) Circulate hole w/fresh water packer fluid.		
3) POOH & lay down workstring. 4) Run MIT		
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Spud Date:	Rig Release Date:	
Sput Date.	Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
£ ~		
SIGNATURE DUA	TITLE Regulatory Analy	St DATE 01/26/2010
Type or print name Lisa Hunt	E-mail address: LHunt@	celeroenergy.com PHONE: (432)686-1883
For State Use Only C HELD REPRESENTATIVE HISTORY MANAGEMENTS.		
APPROVED BY: DATE C-1-10		
Conditions of Approval (if any): Condition of Approval: the operator shall give 24 hour Condition of Approval: the operator shall give 24 hour		

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