

Submit 1 Copy To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

RECEIVED JAN 29 2010 HOBBSUCD		WELL API NO. 30-025-07125 ✓	
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 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 <u>E</u> : 2310 feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>32</u> Township <u>11S</u> Range <u>38E</u> NMPM County <u>Lea</u>		6. State Oil & Gas Lease No.	
		7. Lease Name or Unit Agreement Name Glad State ✓	
		8. Well Number <u>1</u>	
		9. OGRID Number 247128 ✓	
		10. Pool name or Wildcat Gladiola; Devonian	
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3899' RKB	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 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.

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 01/26/2010

Type or print name Lisa Hunt E-mail address: LHunt@celeroenergy.com PHONE: (432)686-1883

For State Use Only

APPROVED BY: [Signature] TITLE JC FIELD REPRESENTATIVE / STAFF MANAGER DATE 2-1-10

Conditions of Approval (if any):

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart.