Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II OH. CONSERVATION DIVISION	30-025-31846
District III 1301 W. Grand Ave., Artesia, Na 882 P. OIL CONSERVATION DIVISION District III 1000 Bis Press Pd. Artes NM 87410	5. Indicate Type of Lease
1000 RIO BIAZOS Rd., AZIEC, NIM 87410 Conto E.o. NIM 97505	STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM V 2 ZUIV	6. State Oil & Gas Lease No.
SUNDRY PORCES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Arco SWD
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 1
2. Name of Operator CELERO ENERGY II, LP	9. OGRID Number 247128
3. Address of Operator 400 W. Illinois, Ste. 1601	10. Pool name or Wildcat
Midland, IX /9/01	SWD; San Andres
4. Well Location	
Unit Letter O: 793 feet from the South line and 22 Section 18 Township 17S Range 39E	271 feet from the East line NMPM CountyLea
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	The property of the property o
	3/3/
12. Check Appropriate Box to Indicate Nature of Notice	•
	BSEQUENT REPORT OF:
	RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ PAND A ☐ ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE	
OTHER: OTHER:	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.	ompletions: Attach wellbore diagram of
1) POOH with tubing and lay down packer.	
2) RU wireline and set a CIBP at 5635'. Cap with 35' cement.3) Pressure test casing to minimum 500 psi for minimum 30 minutes.	•
4) Run tubing back in and rig down.	
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Spud Date: Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
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SIGNATURE Sua Hunt TITLE Regulatory Analyst	DATE 04/07/2010
SIGNATURE TIME THE REGulatory Allaryst	DATE 04/07/2010
Type or print name Lisa Hunt E-mail address: LHunt@celeroe	energy.com PHONE: <u>(432)686-1883</u>
For State Use Only	,
APPROVED BY: TAKE MANAGEMENT TITLE	DATE 4-12-10
Conditions of Approval (if any): Conditions of Approval: Notify OCD district off	īce
24 hours prior to running the TA pressure test.	
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