Submit I Copy To Appropriate District Office District I No. 10 Page 248 State of New Mexico Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NW 88240	WELL API NO. 30-005-00816
District II 1301 W. Grand Ave., Artesia, NM 88210 4 2010 IL CONSERVATION DIVISION District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM ORBSOCD District IV 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	Rock Queen Unit
1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other	8. Well Number 25
2. Name of Operator Celero Energy II, LP	
3. Address of Operator 400 W. Illinois, Ste 1601, Midland, TX 79701	10. Pool name or Wildcat / Caprock; Queen
4. Well Location	
Unit Letter 1 : 1980 feet from the S line and 660 feet from the E line Section 22 Township 13S Range 31E NMPM County Chaves	
11. Elevation (Show 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 ☐ TEMPORARILY ABANDON ☒ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
OTHER: OTHER: OTHER: OTHER: U OTHER: OTH	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
Requesting 6 month TA status pending CO2 project approval.	
POOH & lay down all production equipment. RIH & check PBTD.	
RIH w/ pkr to check casing integrity. Set I way	
If casing tests to adequate depth, circulate well w/ pkr fluid. Perform required MIT for 30 mins.	
Condition of Approval: Notify OCD Hobbs	
office 24 hours prior to running MIT Test & Chart	
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 Signature TITLE Regulatory Analyst	DATE8/3/10
Type or print nameLisa Hunt E-mail address:lhunt@celeroenergy.com PHONE: 432/686-1883 For State Use Only	
APPROVED BY: Something TITLE STATE MAR DATE 8-4-10	
Conditions of Approval (if any):	