UNITEDSTATES DEPARTMENT OF THE INTERIOR Hobbs, NM 88240. Lease Serial No.

BUREAU OF LAND MANAGEMENT	5. Lease Serial No.	
AUG 13 2010 BUREAU OF LAND MANAGEMENT		
HOBBS abandoned well. Use Form 3160-3 (APD) for such	o re-enter an 6. If Indian, Allottee or Tribe Name ch proposals.	
SUBMIT IN TRIPLICATE - Other instructions on reverse side. 7. If Unit or CA/Agreement, Name and/or No West Cap Queen Sand Unit #4		
1. Type of Well Gas Well X Other 8. Well Name and No.		/
2. NameofOperator	West Cap Queen Sand Unit #4	
CELERO ENERGY II, LP	9. API Well No.	
	(include area code) 30-005-01092 V	
400 W. Illinois, Ste. 1601 Midland TX 79701 (432)6 4. Location of Well (Footage, Sec., T., R., M, or Survey Description)	86-1883 10. Field and Pool, or Exploratory Area Caprock; Queen	
UL H, Sec 17, T14S, R31E 1982' FNL & 660' FEL	11. County or Parish, State Chaves, NM	
12. CHECK APPROPRIATE BOX(ES)TO INDICATE N	NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPEOF ACTION	
Acidize Deepen	Production (Start/Resume) Water Shut-Off	
X Notice of Intent Alter Casing Fracture Tre		
Subsequent Report Casing Repair New Consti		
Final Abandonment Notice Convert to Injection Plug Back		
13. Describe Proposed or Completed Operation (clearly state all pertunent details, incl		
testing has been completed. Final Abandonment Notices shall be filed only after a determined that the site is ready for final inspection.) Well was drilled July 1955 as producer & converted to inject the site is ready for final inspection.) 1. MIRU well service rig. 2. TOOH w/existing injection equipment. 3. Verify casing integrity. 4. Clean out well to to TD.& deepen well approximately 20. 5. TIH w/production equipment. 6. Place well on production. The Wellbore Must Be Filled Pressure Tested To 500 Psi. This Pressure For At Least 3. Contact The BLM Roswell Filed Call (575) 627-0205. The Original Chart Must Be Submorginal Chart Mu	tor April 1963. ' to fully evaluate Queen sand interval. With Corrosion Inhibited Fluid And The Casing Shall Be Capable Of Holding Minutes With A 10% Allowable Leakoff.	After remedial work has been done. Form C-104 is also required by the OCD with 24 hour producing test, perfs, tubing size & depth to put this well back on production.
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)	Title Degulatory Analyst	ial wo with tithis
Lisa Hunt	Title Regulatory Analyst	o put
Signature Lua Hunt	Date 07/09/2010	fter re y the (lepth t
ACCEPTED FORHIS SPACE FOR FEDERAL	OR STATE OFFICE USE	4
certify that the applicant holds legal or equitable title to those rights in the s which would entitle the applicant to conduct operations thereon. — MI	ccepted For Record Only For 90 Day riod Ending NOV 02 2010! Work ROSWELL FIELD ust Be Commenced On Or Before United	D OFFIC