Office	e of New Mexico rals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W Grand Ave., Artesia, NM 88 CENTRONS District III	ERVATION DIVISION	30-025-05207
District III 1000 Rio Brazos Rd., Aztec, NM 874 10 District IV 1220 S. St. Francis Dr. Santa Fo. NM	outh St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
District IV SEP 28 2010 Sant	a Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fc, NM 87505 HOBBSOCD		
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		7. Lease Name or Unit Agreement Name W. T. Mann B
PROPOSALS.)		
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 4
2. Name of Operator Celero Energy II, LP		9. OGRID Number 247128
3. Address of Operator 400 W. Illinois, Ste. 1601 Midland, TX 79701		10. Pool name or Wildcat
4. Well Location		Denton; Devonian
Section 36 Township 14S Range 37E NMPM CountyLea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3800' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	CLID	CECUENT DEPORT OF
PERFORM REMEDIAL WORK PLUG AND ABAN		SEQUENT REPORT OF: K
TEMPORARILY ABANDON X CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING MULTIPLE COMP		
DOWNHOLE COMMINGLE		
OTHER:	☐ QTHER:	. П
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 with scraper to PBD.		
 2) Run a CBL from PBD to TOC and run a caliper/casing inspection log from PBD to surface. 3) Notify OCD Hobss office 24 hrs prior to perform required MIT for 30 mins and leave well TA'd. 		
TE MET - 06		
1 1 1 15 OK		
		IF MIT IS OK- THA WILL GE APPROVED FOR ONE (1) YR, ONLY
Condition of Approval: Notify OCD Hobbs TOR ONE (1) YR, ONG		
office 24 hours prior to running MIT Test & Chart		
- · · · · · · · · · · · · · · · · · · ·	Test & Chart	
		,
Spud Date:	Dia Balanca Data	
Split Date.	Rig Release Date:	
I hereby certify that the information above is true and cor	nplete to the best of my knowledge	e and belief.
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SIGNATURE Lua thint	TITLE Regulatory Analyst	DATE 09/28/2010
Type or print name Lisa Hunt	E-mail address: lhunt@celeroene	rgy.com PHONE: (432)686-1883
For State Use Only	/	- D2 (172)000-1003
ADDROVED DV	PITLE STAFF NGE	9 20 ,
APPROVED BY: Conditions of Approval (if any):	TITLE STAFF ME	DATE 7-10-10

