Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
	gy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Flobbs, NM 8824 PECEL	. CUNSER VALIUN IN VISIUN	30-025-05195
District III	34020 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X /
1000 Rio Brazos Rd., Aztec, NM 87410 DEC UO Z	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410 DEC U 8 20 District IV 1220 S. St. Francis Dr., Santa Fc, NM HOBBSO 87505		
SUNDRY NOTICES AND	REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOI		T.D. Pope 35
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well	Other	8. Well Number 21
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 Wildeat
Midland, TX 79701	,, <u>}</u>	Denton; Devonian
4. Well Location		
Unit Letter A : 660	feet from the North line and 660 Township 14S Range 37E)feet from the _Eastline NMPM CountyLea
Section 35	Township 14S Range 37E ration (Show whether DR, RKB, RT, GR, etc.,	
		per en la companya de
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTIC		SEQUENT REPORT OF: K
	ND ABANDON ☐ REMEDIAL WOR E PLANS ☐ COMMENCE DRI	
	LE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE		
OTHER: Return to production	☐ OTHER:	
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) MIRU workover and reverse unit,	ly 475' of pipe and tools left in hole by prior	operator
3) Clean well out to 12600' with bit,	y 475 of pipe and tools left in note by prior	oporator,
4) Acidize and return well to production.	111 - 11 . The 111 such that 111	
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Spud Date:	Rig Release Date:	
	<u> </u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is the	the and complete to the best of my knowledg	se and benefit
SIGNATURE LUA HUL	TITLE Regulatory Analyst	DATE 12/08/2010
Type or print name Lisa Hunt	E-mail address: <u>lhunt@celeroend</u>	ergy.com PHONE: (432)686-1883
For State Use Only	7	
APPROVED BY:	TITLE STATE ME	DATE /2-8-10
Conditions of Approval (if any):	and the said	