Submit I Copy To Appropriate District Office	State of New M		Form C-103
District I RECEIMED	Energy, Minerals and Na	atural Resources	WELL API NO.
District II	riet II		30-025-09868
1301 W. Grand Ave. Artesia, NM 88210 District III JAN 03 ZU11	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IMOBBSULD 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
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 PROPOSALS.)			7. Lease Name or Unit Agreement Name B C Dickinson A1
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 2
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 Denton; Devonian
4. Well Location	·	1	
	2240 feet from the S	line and _40	
Section 1	Township 15S 11. Elevation (Show whether L	Range 37E	NMPM CountyLea
	11. Islevation (Snow whether L	JR, KKB, KI, GK, eic	
12. Check A	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 WOR			RK
TEMPORARILY ABANDON \(\begin{aligned} \text{C} CHANGE PLANS \(\begin{aligned} \text{C} COMMENCE DRIVER \\ \text{PULL OR ALTER CASING} \(\begin{aligned} \text{MULTIPLE COMPL} \(\begin{aligned} \text{CASING/CEMEN} \\ \text{CASING/CEMEN} \\ \end{aligned} \)			·
DOWNHOLE COMMINGLE	MOLTIPLE COMPL []	CASING/CEMEI	NI JOB
OTHER:	lated operations (Clarry state)	OTHER:	nd give pertinent dates, including estimated date
			ompletions: Attach wellbore diagram of
proposed completion or rec	ompletion.		
lease and wellbore there is some	question about ownership and no	otification requiremen	Americo expired 12/7/2010. In evaluating the nts for working on the well. Celero performed a spectfully requests a one year extension to the
TA status to evaluate the lease ar			
			CoNO. Unly
			£
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		_	
Spud Date: / /2010	Rig Release	Date:	
I hereby certify that the information	above is true and complete to th	e best of my knowled	lge and belief.
SIGNATURE Lisa Stunt Le TITLE Regulatory Analyst			DATE 12/29/2010
Type or print name Lisa Hunt	E-mail add	ress: <u>lhunt@celeroe</u>	nergy.com · PHONE: (432)686-1883
For State Use Only) //	in the state of th	
APPROVED BY	TITLE OF	SMA 1	B DATE /-3-1/
Conditions of Approval (if any):	1		

Conditions of Approval: Notify OCD district office 24 hours prior to running the TA pressure test.