Submit 1 Copy To Appropriate District Office State of New Mexico Office State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
	30-005-00812
District II 1301 W. Grand Ave., Artesia, NW 882 C CONSERVATION DIVISION District III  1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE  6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMIN 1 2 2011	303735
SUNDRICHES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Rock Queen Unit
1. Type of Well: Oil Well X Gas Well Other	8. Well Number 27
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 Caprock; Queen
4. Well Location	
Unit Letter O: 660 feet from the South line and 1980 feet from the East line	
Section 22 Township 13S Range 31E	NMPM CountyChaves
11. Elevation (Show whether DR, RKB, RT, GR	R, 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	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CE DOWNHOLE COMMINGLE	MENT JOB
OTHER: Convert TA'd well to monitor well	·
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.	
To convert TA'd well to monitor well as per Order No. R-1541-B.	
1. RIH with tbg.	
<ol> <li>Pull RBP.</li> <li>Run back in hole with AD-1 plastic coated packer with 2 3/8" IPC tbg.</li> </ol>	
4. Notify OCD Hobbs office 24 hrs prior to perform required MIT test for 30 mins.	
	Y
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my know	vledge and belief.
SIGNATURE Lisa Hunt TITLE Regulatory Analyst	DATE 01/11/2011
Type or print name Lisa Hunt E-mail address: <a href="mailto:lhunt@celer">lhunt@celer</a> For State Use Only	roenergy.com PHONE: (432)686-1883
APPROVED BY Jongston TITLE STARY MAY DATE 1-13-2011	
Conditions of Approval (if any):	