Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS C (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FO PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator Celero Energy II, LP 3. Address of Operator 400 W. Illinois, Ste. 1601	DN WELLS EPEN OR PLUG BACK TO A	Form C-103 October 13, 2009WELL API NO. $30-005-00816$ 5. Indicate Type of Lease STATE $X$ FEE6. State Oil & Gas Lease No. $303735$ 7. Lease Name or Unit Agreement Name Rock Queen Unit8. Well Number $25$ 9. OGRID Number $247128$ 10. Pool name or Wildcat
Midland, TX 79701       Caprock; Queen         4. Well Location       Unit Letter 1       : 1980       feet from the South       line and 660       feet from the East       line         Section 22       Township 13S       Range 31E       NMPM       CountyChaves         11. Elevation (Show whether DR, RKB, RT, GR, 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       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       P AND A         OTHER: Convert TA'd well to monitor well       Image: Convert TA'd well to monitor well       OTHER:       OTHER:		
<ul> <li>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.</li> <li>To convert TA'd well to monitor well as per Order No. R-1541-B.</li> <li>1. RIH with tbg.</li> </ul>		
<ol> <li>Pull RBP.</li> <li>Run back in hole with AD-1 plastic coated packer with 2 3/8" IPC tbg.</li> <li>Notify OCD Hobbs office 24 hrs prior to perform required MIT test for 30 mins.</li> </ol>		
Spud Date:	Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Lia Hunt TITLE Regulatory Analyst DATE 01/11/2011		
Type or print name Lisa Hunt E-1 For State Use Only	nail address: <u>lhunt@celeroene</u>	rgy.com PHONE: (432)686-1883
APPROVED BY TIT Conditions of Approval (if ary);	le <u>Staff ma</u>	<u> DATE /-/3-201/</u>