Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 8824 RECEIVED	TS ON WELLS O DEEPEN OR PLUG BACK TO A " (FORM C ¹ 101) FOR SUCH	Form C-103 October 13, 2009 WELL API NO. 30-005-00841 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 303735 7. Lease Name or Unit Agreement Name Rock Queen Unit 8. Well Number 10 9. OGRID Number 247128 10. Pool name or Wildcat Caprock; Queen
Unit Letter M : 660 feet from the South line and 660 feet from the West line Section 24 Township 13S Range 31E NMPM CountyChaves 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Image: Classic Descent Letter Classic Descent Letter Classic Descent Classic Descent Letter Classic Descent Class		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE MULTIPLE COMPL		
OTHER: Convert TA'd well to monitor well ☑ 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. To convert TA'd well to monitor well as per Order No. R-1541-B. 1. RIH with tbg. 2. Pull RBP. 3. Run back in hole with AD-1 plastic coated packer with 2 3/8" IPC tbg. 4. Notify OCD Hobbs office 24 hrs prior to perform required MIT test for 30 mins.		
Per Underground Injection Control Prog 11.6 C Packer shall be set within or less feet of the uppermost injection perfs or o	s than 100 Condition of	of Approval: Notify OCD Hobbs ours prior of running MIT Test & Chart
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Lisa Hunt Type or print name Lisa Hunt For State Use Only	TITLE Regulatory Analyst E-mail address: <u>lhunt@celeroene</u>	DATE_01/11/2011 ergy.comPHONE: (432)686-1883
APPROVED BY: Conditions of Approval (if any).	-PITLESTATMA	DATE <u>[-13-2011</u>