Submit I Copy To Appropriate District State of New Mexico Office	Form C-103
District I Energy, Minerals and Natural Resources District II 1301 W. Grand Ave., Artesia, NM 88210 Energy, Minerals and Natural Resources District II CEIVECONSERVATION DIVISION	October 13, 2009 WELL API NO. 30-025-00291
District III 1000 Rio Brazos Rd., Aztec, NM 87 AN 1 2 2011 1220 South St. Francis Dr. Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505	5. Indicate Type of Lease         STATE       X         FEE
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	7. Lease Name or Unit Agreement Name Rock Queen Unit
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator Celero Energy II, LP	8. Well Number 4 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 K       : 1980       feet from the South       line and 1980       feet from the West       line         Section 19       Township 13S       Range 32E       NMPM       CountyLea         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       4383' KB       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         TEMPORARILY ABANDON       CHANGE PLANS         PULL OR ALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       MULTIPLE COMPL	
OTHER: Convert TA'd well to monitor well       Image: Convelt to monitor well to monitor well	
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 Program Manual 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart	
Spud Date:	
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.
SIGNATURE Lia that TITLE Regulatory Analyst	DATE_01/11/2011
Type or print name Lisa Hunt E-mail address: <u>lhunt@celeroene</u>	ergy.com PHONE: <u>(432)686-1883</u>
APPROVED BY	