Form 3160-5 (August 2007)

(Instructions on page 2)

RECEIVED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

+ ODDE NOTICES AND REPORTS ON WELLS

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

;	Lease Serial No.	
	LC-068288-A	4

6. If Indian, Allottee or Tribe Name

	Use Form 3160-3 (APD) f			
SUBMI	T IN TRIPLICATE – Other instruc	7. If Unit of CA/Agre	7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well Oil Well Gas W	Vell X Other	, , , , , , , , , , , , , , , , , , ,	8. Well Name and No Rock Queen	
2. Name of Operator Celero Energy II, LP		9. API Well No. 30-005-00865		
3a. Address	one No. (include area coa			
400 W. Illinois, Ste. 1601 M	(432)686-1883	Caprock; Que	en	
4 Location of Well (Footage, Sec., T., B (B) Sec 25, T13S, R31E 660' FNL & 1980' FEL		11. Country or Parish Chaves, NM		
	CK THE APPROPRIATE BOX(ES)	TO INDICATE NATURE	OF NOTICE, REPORT OR OTH	HER DATA
TYPE OF SUBMISSION		TYI	PE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
 .	Alter Casing	Fracture Treat	Reclamation	Well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other MIT
	Change Plans	Plug and Abandon	Temporarily Abandon	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
nickel plated pkr w/ profile 1/21/11 - Remove old WH' intermediate WH & 7 1/16' 55 IPC tbg w/ special threa 3014' w/ 10 pts of tension. held okay. NDBOP & finish top & below of tbg valve & 1/25/11 - Ran OCD require Original chart sent to OCD	P. Release pkr & TOH, LD nipple & on/off tool. 's. Install 9 5/8" x 7" 2000# " x 3000# WP x 4 ½" 8rd the second of the second o	working pressure E g head spool. NUE lated AS1-X pkr w/ kr. Displace hole w ged 2/16" x 5000# Connect to injectio tes to 525#. Test o ttached.	Braden head, 7" x 4 ½" 2 BOP. TIH w/ 93 jts of 2 3/ 1.78" profile nipple & on. / pkr fluid & latch back or WP SS tbg valve w/ 2 3/ n & RDMO.	000# working pressure '8" OD 4.7# 8rd EUE J- /off tool. <u>Set pkr @</u> nto pkr. Test to 525#, 8" x 6" SS nipple on
14. I hereby certify that the foregoing is t	rue and correct. Name (Printed/Typed)			
Lisa Hunt	Title Regula	tory Analyst		
Signature Lisa	Date 02/01/2	Date 02/01/2011		
	THIS SPACE FOR	FEDERAL OR STA	ATE OFFICE USE	
Approved by				
Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations	title to those rights in the subject lease thereof	which would Office		Date
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or representations.			nd willfully to make to any departme	ent or agency of the United States any false,

