| FEB 15 2011 DEPARTMENT OF THE INTERIOR HODDS, NM 88                                                                                                                                                                                                                                                                            | Division, Distationary Drive  OM B No. 1004-0137 Expires: March 31, 2007 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| HOBSUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                         | 5. Lease Serial No. NM-03927  6. If Indian, Allottee or Tribe Name       |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.                                                                                                                                                                                                      | o. I motal, Another of The Tallie                                        |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.  1. Type of Well                                                                                                                                                                                                                                                    | 7. If Unit or CA/Agreement, Name and/or No.  Drickey Queen Sand Unit     |
| Oil Well Gas Well X Other Jy                                                                                                                                                                                                                                                                                                   | 8. Well Name and No.  Drickey Queen Sand Unit #15                        |
| 2. Nameof Operator Celero Energy II, LP  3a. Address  3b. Phone No. (include area code)                                                                                                                                                                                                                                        | 9. API Well No.<br>30-005-00896                                          |
| 400 W. Illinois, Ste. 1601 Midland TX 79701 (432)686-1883                                                                                                                                                                                                                                                                      | 10. Field and Pool, or Exploratory Area  Caprock; Queen                  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 660' FEL UL: P, Sec 33, T13S, R31E                                                                                                                                                                                                           | 11. County or Parish, State Chaves NM                                    |
| 12. CHECK APPROPRIATE BOX(ES)TO INDICATE NATURE OF NOT                                                                                                                                                                                                                                                                         | ICE, REPORT, OR OTHER DATA                                               |
| TYPE OF SUBMISSION TYPE OF ACTI                                                                                                                                                                                                                                                                                                | ON                                                                       |
| Acidize Deepen Product AlterCasing FractureTreat Reclam                                                                                                                                                                                                                                                                        | 0;                                                                       |
| Subsequent Report Casing Repair New Construction Recom                                                                                                                                                                                                                                                                         | plete X OtherReactivate rarilyAbandon injector                           |
|                                                                                                                                                                                                                                                                                                                                | Disposal                                                                 |
| testing has been completed. Final Abandonment Notices shall be filed only after all requirements, include determined that the site is ready for final inspection.)  MIRU well service.  TOOH w/injection tbg.  Verify casing integrity.  Run mechanical integrity test.  TIH w/injection equipment.  Return well to injection. | ing reciamation, have been completed, and the operator has               |
| TOPPOVED FOR 90 MONTH PERIOD Subject To Retu                                                                                                                                                                                                                                                                                   | ection And Keeping                                                       |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Lisa Hunt Title Regulator                                                                                                                                                                                                                     | ry Analyst                                                               |
| Signature Lisa Hunt Date 12/03/20                                                                                                                                                                                                                                                                                              | 10                                                                       |
| ACCEPTED FOR SECOND FOR FEDERAL OR STATE OF                                                                                                                                                                                                                                                                                    | FICE USE                                                                 |
| Approved 6 DAVID R. GLASS  Title  Conditions of approval, fram are attached approval of this notice does not warrant or certify that the applicant hours legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations theren.                                         | Date                                                                     |
| Title 18 U.S.C. Section 1091, and Title 45 U.S.C. Section 1212 make it a crime for any person knowingly and States any false, fictitions of fraudilent statements or representations as to any matter within its jurisd                                                                                                        | willfully to make to any department or agency of the United iction.      |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                       |                                                                          |