Mexico Oil Conservation Division, District i TATES 1625 N. French Drive FORMAPPROVED OM B No. 1004-0137

UNITEDSTATES

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A 152011	BUREAU OF LAND	MANAGEMENT	

	DEPARTMENT OF TH			Expires: March 31, 2007	
FEB 15 2011	BUREAU OF LAND MA	NAGEMENT		5. Lease Serial No.	
ARBOUNDE NOTICES AND REPORTS ON WELLS			(Isladian Allatta an Taiba Nama		
HOP Do not use the abandoned w	nis form for proposals ell. Use Form 3160 - 3	to drill or to re-e (APD) for such pro	nter an oposals.	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TR	IPLICATE - Other ins	tructions on rever	se side.	7. If Unit or CA/Agreement, Name and/or No Drickey Queen Sand Unit	
1. Type of Well Oil Well	Gas Well X Other	IN		8. Well Name and No.	
2. NameofOperator Celero Energy II, LP				Drickey Queen Sand Unit #18	
3a. Address 3b. PhoneNo. (include area code)				30-005-00977	
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)				11. County or Parish, State	
665' FNL & 660' FWL UL: D, Sec 3, T14S, R31	E			Chaves / /	
12. CHECK A	PPROPRIATE BOX(ES)T	O INDICATE NATU	RE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPEOF SUBMISSION TYPEOF ACTION				
TTP	Acidize	Deepen	Production (Sta	art/Resume)	
X Notice of Intent	AlterCasing	FractureTreat	Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	X OtherReactivate	
Final Abandonment Notice	Change Plans Convert to Injection	Plugand Abandon Plug Back	Temporarily Al Water Disposal		
testing has been completed. Find determined that the site is read MIRU well service. TOOH w/injection tbg. Verify casing integrity. Run mechanical integrity TIH w/injection equipment Return well to injection. CCEPTED PROVED FOR 90 MAY 10 2	inal Abandonment Notices shall by for final inspection.) by test. ent. DAY MONTH PERIOD	Acce Subj	epted For Ro ect To Retu tinuous Inje	in a new interval, a Form 3160-4 shall be filed once mation, have been completed, and the operator has ecord Only! Approval rning Well To ction And Keeping lous Injection!	
14. I hereby certify that the fore Name (Printed/Typed) Lisa Hunt Signature ACCEPTED	egoing is true and correct FORMISTSPACE FOR	Title Date	Regulatory Ana	-	
1201110		C FEDERAL UK S	TATE OFFICE	UJE	
Approved by Conditions of approval, if the area	VID R. GLA		Title	Date	
	a accordant approval of this not		- CC		

which would entitle the applicant to conduct operation (Jereon John States any false, fill tious of fall that the section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fill tious of fall that the section is a section of the United States any false, fill tious of fall that the section is a section of the United States and the section

(Instructions on page 2)