Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009
District I 1625 N. French Di., House Statute D			WELL API NO.
District II 1301 W. Grand Ave: Artesia, MM 88210 District III FEB 2 2 2011 1220 South St. Francis Dr		VISION	30-025-00287 ² 5. Indicate Type of Lease
District III FEB 2 7 2011 1220 South St. Francis Dr.		-	STATE X FEE
1000 Rio Brazos Bd. Aztec. NM 874101220 South St. 1 Paners D1.District IVHOBBSOCDSanta Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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			8. Well Number 1
2. Name of Operator Celero Energy II, LP		9. OGRID Number 247128	
3. Address of Operator 400 W. Illinois, Ste. 1601			10. Pool name or Wildcat
Midland, TX 79701			Caprock; Queen
4. Well Location			Cuprock, Queen
Unit Letter <u>G</u> : 2	310 feet from the N	line and 165	0 feet from the E line
Section 19	Township 13S Range	32E	NMPM CountyLea
	11. Elevation (Show whether DR, RKE	3, RT, GR, etc.)	
12. Check Ap	propriate Box to Indicate Nature	e of Notice, I	Report or Other Data
NOTICE OF INTI		SUBS	SEQUENT REPORT OF:
		MEDIAL WORK	
PULL OR ALTER CASING		SING/CEMENT	
DOWNHOLE COMMINGLE			_
			· · · · · · · · · · · · · · · · · · ·
OTHER: Convert to monitor well		HER:	give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. Fo	r Multiple Com	pletions: Attach wellbore diagram of
proposed completion or recom	pletion.	• • • •	The second se
To convert to monitor well as per O	rder No. R-1541-B.		
 MIRU. POOH with existing production equipment. Make a bit and scraper run to end of casing. 			
3) RIH with test packer and pressu		•	
4) RIH with IPC AD-1 packer and	IPC 2-3/8" tubing, circulate hole with	inhibited freshv	water, and perform MIT.
5) Install Al-Br wellhead valve and	shut well in as monitor well,		
Per Underground Injectior	Control Program Manual		
11.6 C Packer shall be se		Con	dition of Approval: Notify OCD Hobbs
feet of the uppermost inject			e 24 hours prior of running MIT Test & Chart
pud Date:	Kig Kelease Date:		
·			·
hereby certify that the information abo	ove is true and complete to the best of	my knowledge	and belief.
IGNATURE LUSA HU	1 + TITLE Desulations		
IONATORE	Mt TITLE Regulatory A	Inalyst	DATE 02/18/2011
ype or print name Lisa Hunt	E-mail address: Ihu	nt@celeroener	gy.com PHONE: (432)686-1883
or State Use Only			
	V L C	10	DATE <u>2-23-2011</u>
PPROVED BY:	TITLE J74	in mat	DATE_ <u>C-C3-CO11</u>
Juditions of Approval (It any):	•		
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