	• ,		* ** * * *					
Submit 1 Copy To A Office	•••		tate of New Me					Form C-10
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources					rces	October 13, 20 WELL API NO.		
District III OIL CONSERVATION DIVISION MAR 16 71000 South St. Francis Dr						W DUD MI		5-01063
							Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr. Santa Fe, NM 87505						STA	TE l & Gas Lease	FEE X
1220 S. St. Francis D	r., Santa Fe, NM	188200E	, ,	, , , , ,		o. State Of	i & Gas Lease	; NO.
87505	SUNDRY NOTIC	ES AND REPO	ORTS ON WELLS	3		7. Lease N	ame or Unit A	greement Name
(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 PROPOSALS.)							een Sand Uni	_
							•	
1. Type of Well: Oil Well Gas Well Other Injection						8. Well Nu	44	
2. Name of Operator Celero Energy II, LP						9. OGRID		7128
3. Address of Operator 400 W. Illinois, Ste. 1601						10. Pool n	ame or Wildca	
Midiand, IA 79701						Caprock; C	ueen	
4. Well Location								· ·
Unit Let Section			from the <u>N</u> nship 14S R	line ange 31E	and <u>660</u>	NMPM	eet from the	W lin tyChaves
Section			isnip 148 – Ri Show whether DR		GR. etc.)	MATLIAI	Coun	ty Chaves
				,,				
	12. Check Ap	propriate Bo	ox to Indicate N	lature of I	Notice, I	Report or (Other Data	
N	OTICE OF INT	ENTION TO	O:		SUBS	SEQUEN	T REPORT	OF:
PERFORM REM	_	PLUG AND AB		REMEDIA				RING CASING [
TEMPORARILY A		CHANGE PLA	-	I .		LING OPNS	-) A [
PULL OR ALTER DOWNHOLE CO		MULTIPLE CO	MPL 🔲	CASING/	CEMENI	JOB	LJ	
DOWNHOLE CO	MIMINGLE							
OTHER: Return to	o injection		☒	OTHER:				
	proposed or complet							
	g any proposed work completion or recon		19.13.7.14 NWIA	C. POF IVIUI	upie Con	ipietions: A	ttach wendore	diagram of
	PBD @ 2900'.			•				•
Acidize.								
 Run packer Circulate pa 								
5. Perform MI								
6. Return well	to injection.							
			•				•	
Per Undergrour	nd Injection Contro	ol Program M	lanual					
	shall be set within			-		n of Appro	oval: Notify C	CD Habba
feet of the uppe	ermost injection pe	rfs or open h	ole.		office 2	4 hours pri	or of running	MIT Test & C
							_	
pud Date:			Rig Release Da	ate:				
pad Bute.			Rig Release De	L			·	
•		ove is true and	complete to the b	est of my ki	nowledge	and belief.		
hereby certify the	nt the information ab	ore is indedune	<u> </u>					
hereby certify the	nt the information ab	/	•					
hereby certify the	t the information ab	/ t	-	tory Analys	st		DATE 03	/16/2011
GIGNATURE_	Lisa H	unt.	TITLE Regula				DATE_03.	
SIGNATURE	Lisa Hunt	rus t	-			gy.com		/16/2011 (432)686-1883
SIGNATURE	Lisa Hunt	hunt	TITLE Regula E-mail address	s: <u>lhunt@</u> c	eleroener	gy.com	PHONE: _	(432)686-1883
SIGNATURE	Lisa Hunt Lisa Hunt	lunt lan	TITLE Regula E-mail address		eleroener	gy.com	PHONE: _	
SIGNATURE	Lisa Hunt Lisa Hunt	lunt la	TITLE Regula E-mail address	s: <u>lhunt@</u> c	eleroener	gy.com	PHONE: _	(432)686-1883
IGNATURE	Lisa Hunt Lisa Hunt	lunt lun	TITLE Regula E-mail address	s: <u>lhunt@</u> c	eleroener	gy.com	PHONE: _	(432)686-1883
IGNATURE ype or print name or State Use On PPROVED BY	Lisa Hunt Lisa Hunt	lunt lan	TITLE Regula E-mail address	s: <u>lhunt@</u> c	eleroener	gy.com ·	PHONE: _	(432)686-1883