Office	Energy, Minerals and Natural Resources		Form C-103 October 13, 2009 WELL API NO.		
District II OIL COI 1301 W. Grand Ave., Artesia, NM 88210 OIL COI District III 1220 1000 Bio Brazos Rd Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			30-005-00873 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.	
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 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection 2. Name of Operator Celero Energy II, LP			 7. Lease Name or Unit Agreement Name Rock Queen Unit 8. Well Number 44 9. OGRID Number 247128 		
3. Address of Operator 400 W. Illinois, Ste. 1601 Midland, TX 79701			10. Pool name or Wildcat Caprock; Queen		
4. Well Location Unit Letter_J: 1980 feet from the South line and 1980 feet from the East line Section 26 Township 13S Range 31E NMPM CountyChaves 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Image: County Chaves Image: County Chaves 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB					
OTHER: Squeeze csg leak 13. Describe proposed or completed operations.		HER:	rive partinent data	s including estimated data	
 of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1. Blow well down. 2. POOH w/injection tubing & packer. 3. Dump sand to cover 3032-3050'. RU wireline & cap w/ 10' of cmt. 4. Squeeze csg leak @ 3007' w/ Class C. 5. Drill out to old TD, run injection packer & tbg, perform MIT & RWTI. 					
Per Underground Injection Control Program Manual 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart					
Spud Date:	Rig Release Date:				
I hereby certify that the information above is true and	complete to the best of	'my knowledge a	nd belief.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Line Hunt TITLE Regulatory Analyst DATE 04/18/2011					
Type or print name Lisa Hunt E-mail address: <u>Ihunt@celeroenergy.com</u> PHONE: (432)686-1883 For State Use Only					
APPROVED BY: Conditions of Approval (if ary):	-PITLE	H-m	<u>GR</u> DAT	re <u>4-19-201</u>	

