

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

3001510229

5. Indicate Type of Lease *FED*

STATE ☐ ~~FEF~~ ☒

6. State Oil & Gas Lease No.

LC0289778B

7. Lease Name or Unit Agreement Name

North Benson Queen Unit

8. Well Number 33

9. OGRID Number

5300

10. Pool name or Wildcat

Benson North Queen - Grayburg

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

2. Name of Operator

Arena Resources, Inc.

3. Address of Operator

4920 S. Lewis, Suite 107, Tulsa, OK 74105

4. Well Location

Unit Letter H : 660 feet from the North line and 1650 feet from the East line

Section 33 Township 18S Range 30E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Clean out fill. Acidize well. Put well on injection.

Notify OCD 24 hrs. prior to
~~any work done.~~
MIT TEST

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Danny M. Palmer TITLE Production Supervisor DATE 6-8-07

Type or print name Danny M. Palmer

E-mail address: dpalmer@arenaresourcesinc.com

Telephone No. (505) 738-1739

For State Use Only

APPROVED BY: Gerry Guye

TITLE Deputy Field Inspector

DATE JUN 8 2007

Conditions of Approval (if any):

District II - Artesia