

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.

3001510193

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

E-9262

Lease Name or Unit Agreement Name

North Benson Queen Unit

8. Well Number 23

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 C : 330 feet from the South line and 330 feet from the East line  
Section 28 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

TITLE

Production Supervisor

DATE

6-4-07

Type or print name Danny M. Palmer

E-mail address: dpalmer@arenaresourcesinc.com

Telephone No. (505) 738-1739

For State Use Only

APPROVED BY:

TITLE

Gerry Guye  
Deputy Field Inspector  
District II - Artesia

DATE

JUN 4 2007

Conditions of Approval (if any):