

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

May 27, 2004

WELL API NO.

30-015-04562

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

LC028978

7. Lease Name or Unit Agreement Name

North Benson Queen Unit

8. Well Number

39

9. OGRID Number

5300

10. Pool name or Wildcat

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 - Injection Well

2. Name of Operator

Arena Resources Inc.

3. Address of Operator

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

4. Well Location

Unit Letter F : 1650 feet from the North line and 1980 feet from the West line
Section 34 Township 18S Range 30E NMPM County Eddy

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

3434

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.

Injection well has pressure on casing. Will pull and check for tubing or packer leak. Repair if leak is found

MI RU Pull tubing and packer. Circulate packer fluid. Set packer, run MIT, put well on injection.

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 [Signature] TITLE Production Supervisor DATE 11-6-07

Type or print name

E-mail address:

Telephone No. (505) 738-1739

For State Use Only Accepted for record

NMOCD

APPROVED BY: [Signature] TITLE _____ DATE NOV 06 2007

Conditions of Approval (if any):