

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
Oil, Gas, and Natural Resources
RECEIVED
FEDERAL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSON

Form C-103
June 19, 2008

WELL API NO. 30-025-09057	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No. 32447	✓
7. Lease Name or Unit Agreement Name Seven Rivers Queen Unit	✓
8. Well Number 9	✓
9. OGRID Number 220420	✓
10. Pool name or Wildcat Eunice, Seven Rivers Queen South	✓

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
Arena Resources Inc ✓

3. Address of Operator
2130 W. Bender Hobbs, NM 88240

4. Well Location
Unit Letter I: 1980 feet from the South line and 660 feet from the East line
Section 27 Township 22S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3504'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER:	Casing Leak <input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>

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.

2-3-2010 Isolated casing leak from 723-786. Injection rate 1bbl min. @ 300 psi.
Squeeze Procedure:
Set RBP @3638', cap w/2sxs sand
Set packer @ 530'
Pump 150 sxs Class C cement + 2% CaCl₂.
Displace cement to 120' below pkr, WOC
Tag top of cement, test csg to 500 psi
Drill to 750' test csg to 500 psi, finish drilling out cement
Circulate hole clean, pressure up to 500 psi
Release RBP, clean to PBD
RIH w/5 1/2 AD1pkr @3665', 3 jts 2 3/8 cmt lined tbq, 5 1/2 tandem pkr @3758', 116 jts 2 3/8 tbq
Circulate pkr fluid, set pkrs, return to injection

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Colleen Robinson TITLE Compliance Analyst DATE 2-4-2010

Type or print name Colleen Robinson E-mail address: crobinson@arenaresourcesinc.com PHONE: 738-1739

For State Use Only

APPROVED BY: Ray W. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 04 2010

Conditions of Approval (if any):