

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

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

Form C-103
Revised May 08, 2003

WELL API NO.

30-015-04551

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

E-9262

7. Lease Name or Unit Agreement Name

North Benson Queen Unit

8. Well Number

21

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

RECEIVED

APR 14 2004

2. Name of Operator

Arena Resources, Inc.

REC-ARTESIA

3. Address of Operator

4920 S. Lewis, Ste 107 Tulsa, OK 74105

4. Well Location

Unit Letter N : 660 feet from the South line and 1980 feet from the West line

Section 27 Township 18S Range 30E NMPM County Eddy

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

3429 GR

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND 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.

Will run MIT no later than May 30th, 2004

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

SIGNATURE

Lanette Jenike

TITLE Production Administrator DATE 4/8/04

Type or print name Lanette Jenike

Telephone No. 918/747-6060

(This space for State use)

Accepted for record - NMOCD

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: