

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-09240
Indicate Type of Lease STATE ☒ FEE ☐
State Oil & Gas Lease No. 32447
Lease Name or Unit Agreement Name SEVEN RIVERS Queen unit
Well No. 51
Pool name or Wildcat SEVEN RIVERS Queen

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.)	
Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INTERSECTION	
Name of Operator ARENA RESOURCES INC.	
Address of Operator 4920 S. LOUIS, Suite 107 TULSA OK. 74103	
Well Location Unit Letter G : 1980 Feet From The N Line and 1980 Feet From The E Line Section 3 Township 23S Range 36E NMPM 14A County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

Describe Proposed or Completed Operations, state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-14-05 Tagged CIBP@3530' surface restoration is completed.

1-14-05 CIR 96

11-15-05 SPOTED 255x plug 3000-2632'

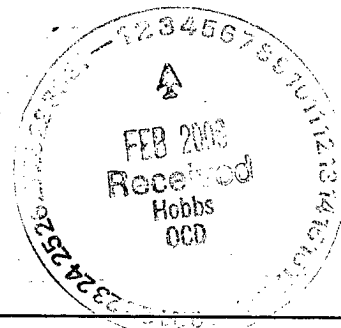
1-15-05 PERF (shot) 59222 305x 1300-1200 WOL & TAG
NO TAG held 1500PSZ

1-15-06 PERF 1250' held 2000 PSZ

1-16-05 SPOTED 255x 1350-982 WOL & TAG TAG @ 1003'

1-16-05 PERF @ 468' 59222 405x into PERF WOL & TAG

11-17-05 TAG @ 183'
11-17-05 Filled 30' to SURFACE.
CUT-OFF & DRY hole marker.



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

SIGNATURE

Bobby Gray

TITLE

plugging Supervisor

DATE 11-17-05

TYPE OR PRINT NAME

BOBBY GRAY

432-464-6329
TELEPHONE NO.

(This space for State Use)

APPROVED BY

Larry Wink

CONDITIONS OF APPROVAL, IF ANY:

OFFICE REPRESENTATIVE II/STAFF MANAGER

FEB 06 2006

AR