

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

Form C-103  
May 27, 2004

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

|   |
|---|
| WELL API NO.<br>30-025-38063  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>32447   |
| 7. Lease Name or Unit Agreement Name<br>Seven Rivers Queen Unit                                     |
| 8. Well Number 87   |
| 9. OGRID Number<br>220420   |
| 10. Pool name or Wildcat<br>Seven Rivers Queen  |

|   |  |
|---|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other - Injection   |  |
| 2. Name of Operator<br>Arena Resources Inc.   |  |
| 3. Address of Operator<br>4920 S. Lewis, Suite 107, Tulsa, OK 74105   |  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>85</u> feet from the <u>South</u> line and <u>1232</u> feet from the <u>West</u> line<br>Section <u>27</u> Township <u>22S</u> Range <u>36E</u> NMPM Lea County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>  |  |
| 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

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |  | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input checked="" 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"/>       |  |
| OTHER: <input 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.

Total depth 1399'. Drilling string stuck. Run free point, free at 850'. Backed off drill collars at approx 850'. RIH with proper tools. Jarred on well, could not free up drill collars. COOH.

Called Mr. Gary Wink. Received permission to P & A well.

P & A procedure.

Set 100' plug at TD  
Set 100' plug 50' in 50' out at bottom of surface pipe.  
Set 60' plug at surface

RD MO Rig

THE OIL CONSERVATION DIVISION MUST  
BE NOTIFIED 24 HOURS PRIOR TO THE  
BEGINNING OF PLUGGING OPERATIONS.

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 NMOCDC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Danny M. Palmer TITLE Production Supervisor DATE 8-28-06  
Type or print name Danny M. Palmer E-mail address: \_\_\_\_\_ Telephone No. (505) 738-1739  
**For State Use Only** OC FIELD REPRESENTATIVE II/STAFF MANAGER  
APPROVED BY: Gary Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_ **AUG 29 2006**