

Submit 3 Copies To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 87240  
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  
May 27, 2004

WELL API NO. 30-025-38161
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: SEVEN RIVERS QUEEN UNIT
8. Well Number 0872
9. OGRID Number 220420
10. Pool name or Wildcat EUNIE 7R-Q, S0

**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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Arena Resources, Inc.
3. Address of Operator 4920 S. Lewis Ave. Suite 107, Tulsa, OK 74105	4. Well Location Unit Letter <u>M</u> : <u>102'</u> feet from the <u>SOUTH</u> line and <u>1263'</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB 3496', DF 3495', GL 3486'	
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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

Spud well 11/9/2006, drilled to 360', ran 9 joints of 8 5/8", 24#, LS Surface csg and cmtd w/250 sx, circulated to pit. Resume drilling & drilled to TD 3985' on 11/18/2006, st 94 joints of 5 1/2" csg at 3985'. Cmtd with total of 1250 sx. Circulate to surface. Perforate 7 Rivers/Queen at 3543' - 3844' with a total of 48 holes. Acidized w/3500 gals 15% nefe, swab. And frac w/BJ's 50k gal 10# brine + 22k# Lite Prop + SLC. GIH w/2 7/8" prod tbg. ~~long~~ well and ~~pit~~ on Production 11/17/2006.

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 Brenda C. Fitzpatrick TITLE Engineering Technician DATE 01/27/2007

Type or print name Brenda C. Fitzpatrick

E-mail address: bfitzpatrick@arenareourcesinc.com  
Telephone No. 918-747-6060

For State Use Only

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Hay W. Wink TITLE \_\_\_\_\_ DATE FEB 21 2007

Conditions of Approval, if any: