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
May 27, 2004

WELL API NO.
30-025-22699

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
304314

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)

7. Lease Name or Unit Agreement Name
Humphrey Queen Unit

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection

8. Well Number
19

2. Name of Operator
ARENA RESOURCES INC

9. OGRID Number
220420

3. Address of Operator
2130 WEST BENDER HOBBS, NM 88240

10. Pool name or Wildcat
Langlie Mattix 7Rvrs-Queen-Grayburg

4. Well Location
Unit Letter P : 1315 feet from the South line and 100 feet from the East line
Section 3 Township 25S Range 37E NMPM County Lea

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3157 RT

Pit or Below-grade Tank Application ☐ or Closure ☐

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			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.

8-08-08 Ran MIT test, would not hold. Request extention of TA status to evaluate well to either workover and return to injection or plug.

RECEIVED
AUG 18 2008
HOBBS OCD

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 ☐.**

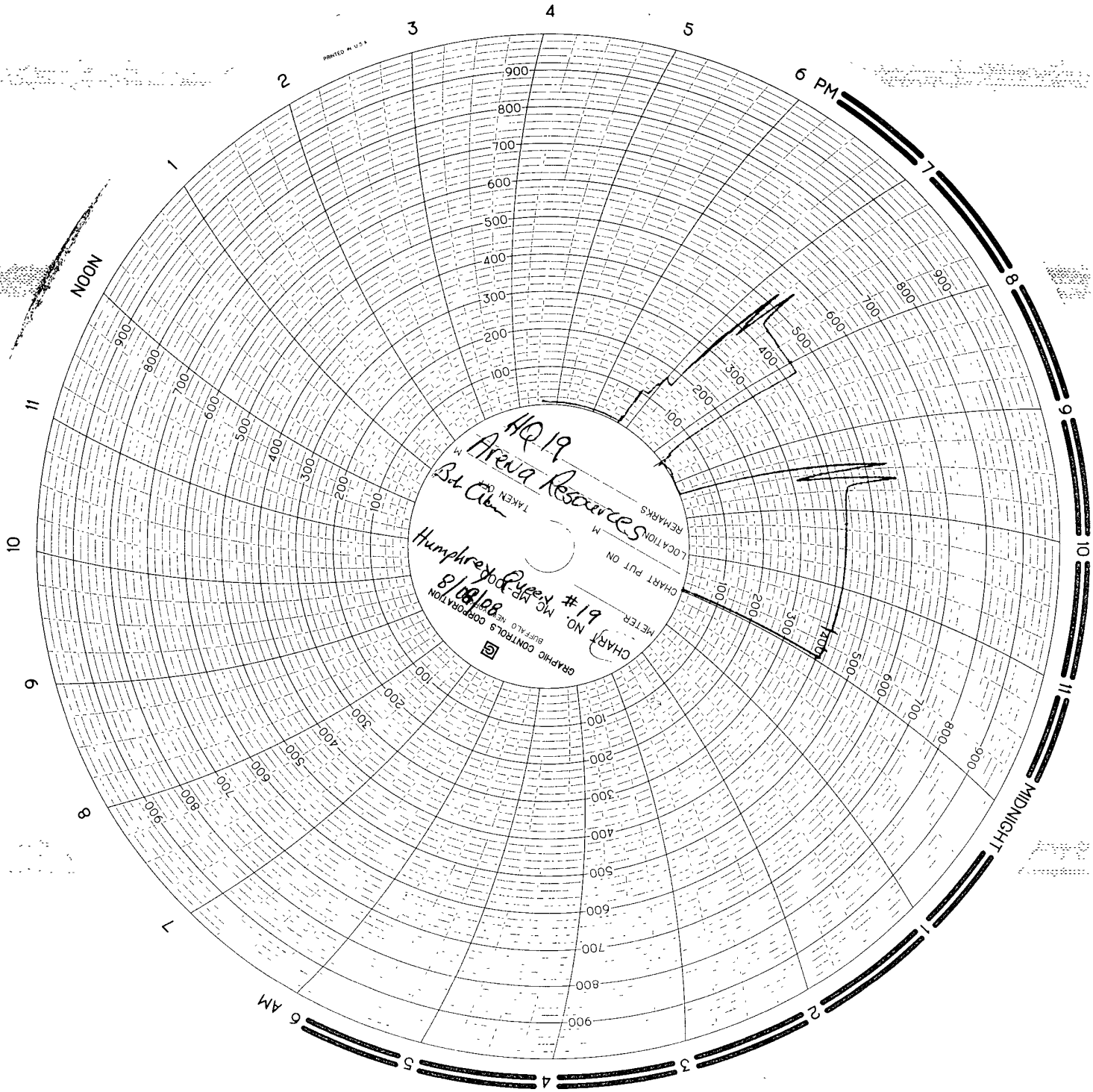
SIGNATURE Bob Akin TITLE Produciton Foreman DATE 08-15-2008

Type or print name Bob Akin E-mail address: bakin@arenaresourcesinc.com Telephone No. 575-738-1739

For State Use Only

APPROVED BY: Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER TITLE _____ DATE AUG 19 2008

Conditions of Approval (if any): Must be repaired by 11/15/08 or PA'd or returned to production by 11/15/08.


HQ 19
Arena Resources
Humphreys Queen #19
8/08/08
NOON
MIDNIGHT
6 PM
6 AM