

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

RECEIVED State of New Mexico
Energy, Minerals and Natural Resources
JAN 08 2009
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSOCD

Form C-103
June 19, 2008

WELL API NO. <u>30-025-226981</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 304314
7. Lease Name or Unit Agreement Name Humphrey Queen Unit ✓
8. Well Number 6 ✓
9. OGRID Number 220420 ✓
10. Pool name or Wildcat Langlie Mattix: 7 RVRs-Q-Grayburg ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3186

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 ☐

2. Name of Operator
Arena Resources Inc ✓

3. Address of Operator
2130 W. Bender Hobbs, NM 88240

4. Well Location
Unit Letter I : 990 feet from the North 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.)
GR 3186

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input 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 checked="" type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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.

* GIH with 4 1/2" permanent packer on ~~2 7/8~~ 2 3/4" PC tubing. Set packer at 3150'. Cement tubing to surface. Cement annular between 4 1/2" and ~~2 7/8~~ 2 3/4" tbg. Run MIT and put well on injection.

* Must be greater than 2 3/8" OSG.

Spud Date:

Rig Release Date:

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

SIGNATURE Bob Akin TITLE Production Foreman DATE 1-08-09

Type or print name Bob Akin E-mail address: _____ PHONE: 738-1739

For State Use Only

APPROVED BY: Tammy L. Hill TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 12 2009

Conditions of Approval (if any):