

Submit 3 Copies To Appropriate District
Office

District I

1625 N French Dr., Hobbs, NM 88201

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

87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

RECEIVED

AUG 27 2009

HOBBSOC

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-38161
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 32447
7. Lease Name or Unit Agreement Name Seven Rivers Queen Unit
8. Well Number 8722 87y
9. OGRID Number 220420
10. Pool name or Wildcat Eunice; Seven Rivers-Queen, South
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3486

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 ☐

2. Name of Operator
Arena Resources Inc

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

4. Well Location
Unit Letter M : 102 feet from the South line and 1263 feet from the West line
Section 27 Township 22S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3486

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER. Change Well Name ☒

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.

To correct well number from 87-2 to 87Y

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 Colleen Robinson TITLE Compliance Analyst DATE 8-25-2009

Type or print name Colleen Robinson E-mail address: crobenson@arenaresourcesinc.com PHONE: 738-1739

For State Use Only

APPROVED BY: Sam W. Hill TITLE DISTRICT 1 SUPERVISOR DATE SEP 01 2009

Conditions of Approval (if any):