

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., Alamogordo, 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
June 19, 2008

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)		WELL API NO. 30-025-09222
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u> <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Arena Resources Inc		6. State Oil & Gas Lease No. 32447
3. Address of Operator 2130 W. Bender Hobbs, NM 88240		7. Lease Name or Unit Agreement Name Seven Rivers Queen Unit
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>East</u> line Section <u>2</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>55</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3457		9. OGRID Number 220420
		10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRAYBURG

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 type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT Test <input checked="" 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.

1-19-10
Ran MIT Test, test was good. Witnessed by John R Harrison with OCD
Packer set @3570'
Perfs 3622-3764

Request extension of TA status

This Approval of Tempora.
Abandonment Expires —

DENIED

JAN 26 2010

* T/A Requires 500# pressure test!

Spud Date:

Rig Release Date:

1-25-10
Vern W. Hill
575-393-6161

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 1-21-2010
Type or print name Colleen Robinson E-mail address: crobinson@arenaresourcesinc.com PHONE: 738-1739
For State Use Only

APPROVED BY: _____ DATE _____
Conditions of Approval (if any): _____

DENIED

