

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

JUL 16 2010

1220 South St. Francis Dr.  
Santa Fe, NM 87505

MOBBSOCD

WELL API NO. 30-025-09135	✓
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 32	✓
9. OGRID Number 220420	✓
10. Pool name or Wildcat Eunice, Seven Rivers Queen South	✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3497'	

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 Inc3. Address of Operator  
2130 W. Bender Hobbs, NM 882404. Well Location  
Unit Letter J : 2310 feet from the South line and 2310 feet from the East line  
Section 34 Township 22S Range 36E NMPM County Lea11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GL 3497'

## 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: MIT Test request TA Status ☒

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.

7-13-2010

Rig up Basic, pressured up to 550 PSI for 30 minutes. Test was good. Request TA status.

Notified Mark Whitaker w/OCD

This Approval of Temporary  
Abandonment Expires 7-13-2012

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 7-15-2010

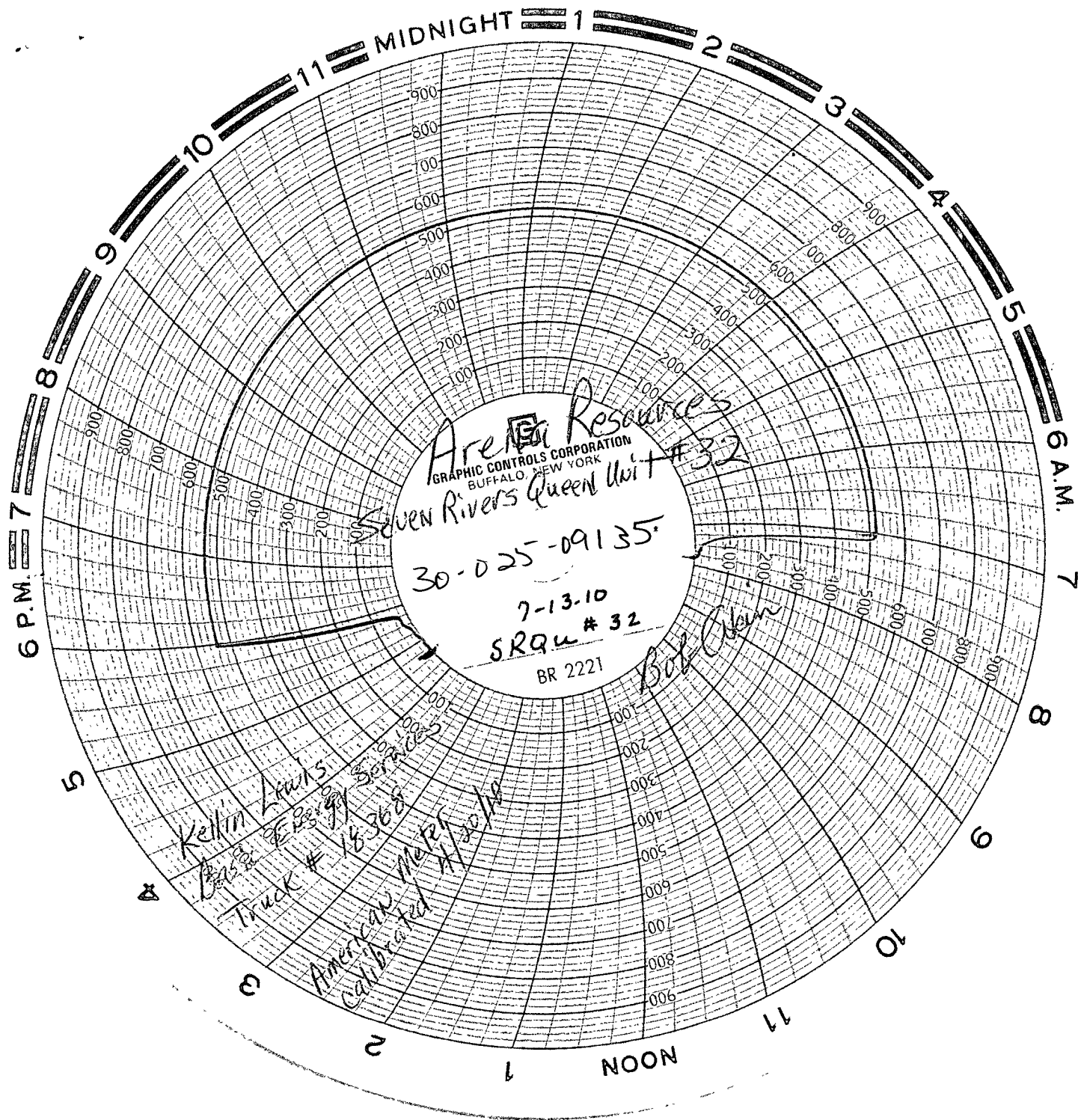
Type or print name Colleen Robinson E-mail address: crobinson@arenareourcesinc.com PHONE: 738-1739

For State Use Only

APPROVED BY: [Signature] TITLE STAFF NGR DATE 7-20-10

Conditions of Approval (if any):

R.m.



Kellin Lewis  
Basic Energy Services  
Truck # 18368  
7/13/10

American meter  
Calibrated 4/26/10

Judith Baker  
Service  
Long R. Smith