

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

87505

*** Amended ***
State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
AUG 11 2010
220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSOCD

Form C-103

June 19, 2008

WELL API NO.

30-025-09222 ✓

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

32447

7. Lease Name or Unit Agreement Name

Seven Rivers Queen Unit ✓

8. Well Number

55 ✓

9. OGRID Number

220420 ✓

10. Pool name or Wildcat

LANGLIE MATTIX; 7 RVRS-Q-GRAYBURG

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 G : 1980 feet from the North line and 1980 feet from the East line

Section 2 Township 23S Range 36E NMPM County Lea ✓

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

GR 3457

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: MIT Test

☒

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

Test to return the well to injection.

Copy of chart is attached, original chart was sent in on 1-19-10.

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 8-11-2010

Type or print name Colleen Robinson

E-mail address: crobison@sdrge.com

PHONE: 738-1739

For State Use Only

APPROVED BY:

Sam W. Hill

TITLE **DISTRICT 1 SUPERVISOR**

DATE **AUG 13 2010**

Conditions of Approval (if any):

2.m.

