Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-AKTESIA

FORM APPROVED OMB No. 1004-0137

Expires: July 31, 2010

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

| Do not use this for abandoned well.         |  |                         |  |                                |                |   |
|---|--|-------------------------|--|--------------------------------|----------------|---|
| SUBMIT                                      | 7. If Unit of CA/Agreement, Name and/or No. NMNM70993X |                         |  |                                |                |   |
| 1. Type of Well                             | JUN Z 4 Z008   |                         |  | 8. Well Name and No.           |                |   |
| Oil Well Gas W                              | ell 🚺 Other Inj  | ection OCD-ART          | FSIA                                   | NBQU                           | NO. 14         |   |
| 2. Name of Operator Arena Resour            | 9. API Well No.<br>30-015-10131                        |                         |  |                                |                |   |
| 3a. Address                                 | 3b. Phone No. (include area code)                      |                         | 10. Field and Pool or Exploratory Area |                                |                |   |
| 2130 W. Bender Hobbs, NM 88240 575-738-1739 |  |                         |  | Benson, North Queen - Grayburg |                |   |
| 4. Location of Well (Footage, Sec., T.,     | 11. Country or Parish, State                           |                         |  |                                |                |   |
| Section 28, T18S, R30E 1980 FSL, 660 FWL    | Eddy   |                         |  |                                |                |   |
| 12. CHEC                                    | K THE APPROPRIATE BO                                   | X(ES) TO INDICATE NATUR | E OF NOTIC                             | E, REPORT OR OTHE              | ER DATA        |   |
| TYPE OF SUBMISSION                          | TYPE OF ACTION   |                         |  |                                |                |   |
| ✓ Notice of Intent                          | Acidize  | Deepen                  | Produ                                  | iction (Start/Resume)          | Water Shut-Off | - |
|   | Alter Casing   | Fracture Treat          | Recla                                  | mation                         | Well Integrity |   |
| Subsequent Report                           | Casing Repair  | New Construction        | Reco                                   | mplete                         | Other          |   |
|   | Change Plans   | Plug and Abandon        | Temp                                   | orarily Abandon                | 40-7-1-2       |   |
| Final Abandonment Notice                    | Convert to Injection                                   | Plug Back               | ☐ Water                                | r Disposal                     |                |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has

Pull tubing, check tubing & packer for leak. Casing will have pressure. Run new packer, test tubing in hole. Load backside w/packer fluid. Run MIT

| 14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)  Colleen Robinson  | Title Compliance Analyst           | SUBJECT TO LIKE<br>APPROVAL BY STATE |
|---|------------------------------------|--------------------------------------|
| Signature be obmser   | Date 06/12/2008                    | P                                    |
| THIS SPACE FOR FEDER  | AL OR STATE OFFICE                 | USE APPROVED                         |
| Approved by   | Title                              | Date JUN 2 1 2008                    |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or cer that the applicant holds legal or equitable title to those rights in the subject lease which wou entitle the applicant to conduct operations thereon. |                                    | IAMES A AMOS                         |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any persifictitious or fraudulent statements of representations as to any matter within its jurisdiction.  | on knowingly and willfully to make | O/ N/IEC / N/ / N/OC                 |

determined that the site is ready for final inspection.)