

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-07943
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 300385

7. Lease Name or Unit Agreement Name East Hobbs San Andros Unit
8. Well Number 715
9. OGRID Number 22 0420
10. Pool name or Wildcat E. Hobbs (San Andros)

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
Arana Resources, Inc

3. Address of Operator
4920 S Lewis, Suite 107 Tulsa OK 74115

4. Well Location
 Unit Letter **N** : **660** feet from the **South** line and **2103** feet from the **West** line
 Section **29** Township **18S** Range **39E** NMPM **Loc** County

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

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/>	
OTHER: _____		OTHER: Injection well <input checked="" type="checkbox"/>	

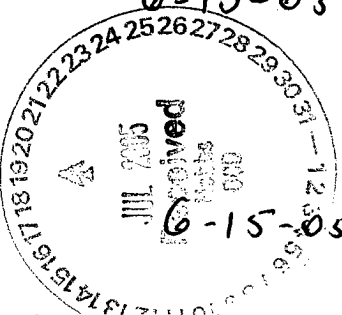
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4" Liner 4323-4688. Perfs: 4528-4613

5-25-05 Repaired 8 5/8 casing.

6-13-05 GIH with 4" Arrow Set Packer, 5 1/2 OL Cup Type and 2 3/8 IFC Tubing. Set 4" Packer at 4463.36. Set 5 1/2 packer at 4071.67. Pump Packer Fluid.

6-15-05 Run Chart. Held OK. Mr. Robinson on Location. Well Injection.



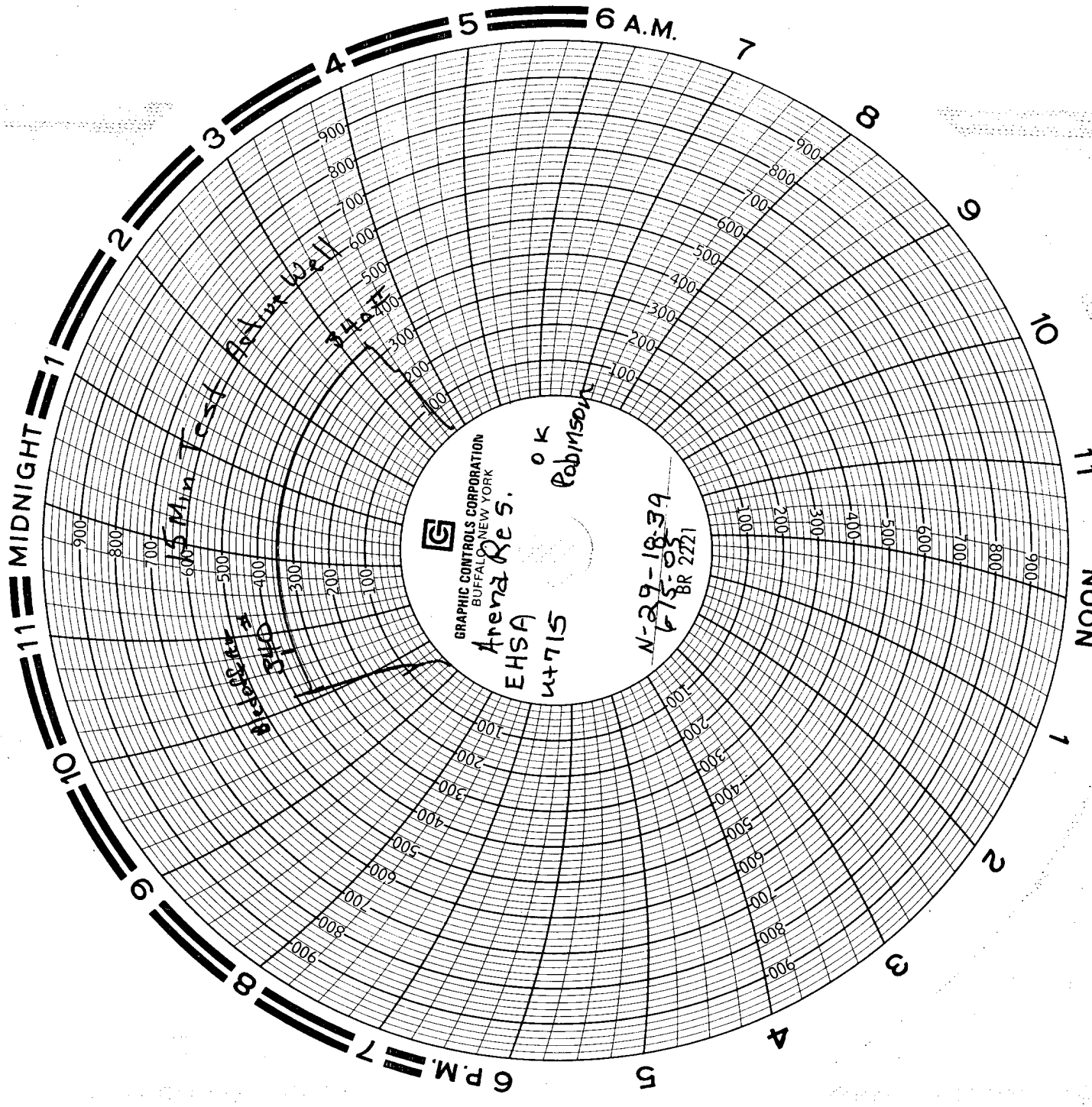
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCDC guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE **Danny m Palmer** TITLE **Production Foreman** DATE **7-11-05**

Type or print name **Danny m Palmer** E-mail address: _____ Telephone No. **505-393-2958**

APPROVED BY: **Chris Williams** TITLE **Dist. Supervisor** DATE **7/19/2005**

Conditions of Approval (if any): _____



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OK Robinson

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475-03
BR 2221