## OCD-ARTESIA

Form 3160-5 (April 2004)	UNITED STATE		Month -	rear /	FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007	
	BU AU OF LAND MAI	NAGEMENT	APT	ESIAS, Walke Seni		2000
	NOTICES AND RE nis form for proposals ell. Use Form 3160-3			6. If Indian	LC 0289 n, Allottee or Tribe Name	788
SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1. Type of Well				7. If Unit or CA/Agreement, Name and/or No. NMNM70993X		
Oil Well Gas Well Other				8. Well Na		
2 Name of Operator Arena Resources, Inc.				9. API W	Benson Queen Unit #39 ell No.	
3a Address         3b. Phone No. (include area code)           4920 S. Lewis, Suite 107 Tulsa, OK 74105         918-747-6060				30-015-04562  10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Benson Queen Grayburg		
1650' FNL & 1980' FWL Section 34-18S-30E				11. County or Parish, State  Eddy, NM		
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE,	REPORT, OF	R OTHER DATA	
TYPE OF SUBMISSION		T	PE OF ACTION			
Notice of Intent	Acidize  Alter Casing	Deepen Fracture Treat	Production (S	tart/Resume)	Water Shut-Off Well Integrity Other Return to s	carvica
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily A	bandon	after line r	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposa			
Attach the Bond under which the following completion of the intesting has been completed. Find determined that the site is read to the following equipment and after some summer	in a timely manner upon BL! arface lines are in place. abg and pkr. Check condition PBTD @ 3408' AD-1 pkr and new 2 3/8" interwith corrosion retarding pkr. D and BLM witness. 15-3078 and open hole from 3 iters and connections with new materials not needed for ope	ride the Bond No. on file a results in a multiple con e filed only after all required approval for replace of the string rnally coated the. (If of fluid.  150-3408 with 1500 G	with BLM/BIA. Requipletion or recompletion rements, including reclar ement of injection pipels string is not usable	ined subsequent in a new intervention, have been pelines and injuries.  The pelines are injuries. The pelines are injuries are injuries. The pelines are injuries are injuries are injuries. The pelines are injuries are injuries are injuries are injuries. The pelines are injuries are injuries are injuries are injuries are injuries. The pelines are injuries are injuries are injuries are injuries are injuries. The pelines are injuries	reports shall be filed within al, a Form 3160-4 shall be in completed, and the oper jection pumping	a 30 days filed once ator has
			T TO LIKE AF	PROVAL	BY STATE	
		SARIFC	,, ,	Notify (	DCD 24 hrs. p	orior to
14. I hereby certify that the fore Name (Printed/Typed) Mike Barnhart	egoing is true and correct	Title	Production Manager	A	ny work done	
Signature Muils 15	amfart	Date	4-2-07	——————————————————————————————————————		
	THIS SPACE FOR	FEDERAL OR	STATE OFFICE	USE	PROVED	
Approved by			Title	AF	Date	
Conditions of approval, if any, are certify that the applicant holds legi			Office		1005 8 YAN	11

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which would entitle the applicant to conduct operations thereon.