Submit 3 Copies To Appropriate District	Form C-103 May 27, 2004
District I	WELL API NO. 30-025-07943
District II 1301 W. Grand Ave, Artesia, NM 88210 District III 1301 W. Francis Dr., Prenci Dr., House, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No. 300385
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	East Hobbs San Andres Unit 8. Well Number 715
1. Type of Well: Oil Well Gas Well Other Injector 2. Name of Operator	9. OGRID Number
Arena Resources Inc	220420
3. Address of Operator	10. Pool name or Wildcat
2130 W. Bender Hobbs, NM 88240	East Hobbs San Andres
4. Well Location	
Unit Letter N : 660 feet from the SOUTH line and 21 Section 29 Township 18S Range 39E	03 feet from the <u>WEST</u> line NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3597 GR Pit or Below-grade Tank Application □ or Closure □	
Pit type Depth to GroundwaterDistance from nearest fresh water wellDistance 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
	SSEQUENT REPORT OF: RK
TEN ON THE PERSON IN COURT OF THE PERSON IN C	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	nd 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.	
Mechanically clean perfs:	
MIRU, check for fill, clean to PBTD. Acidize perfs, run MIT, return to inject	ion.
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 NMOCD guidelines \Box , a general permit \Box or an (attached) alternative OCD-approved plan \Box .	
SIGNATIVE Compliance Analysis	DATE 06 10 08
SIGNATURE Compliance Analys	
Type or print name Colleen Robinson E-mail address: crobinson@arenaresourcesinc.com Telephone No. 575-738-1739 For State Use Only	
APPROVED BY: Chus Williams TITLE	DEVGENERAL MANAGEN N 2 7 2008
APPROVED BY: Will Williams TITLE Conditions of Approval (if any):	DATE / COO