Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District	Energy, Minerals and Natural Resources		Revised May 08, 2003 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-015-10152
1301 W. Grand Ave., Artesia, 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	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		E-9262	
SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	OSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FO	ש פווכם	North Benson Oueen Unit
PROPOSALS.)  1. Type of Well:	1	RECEIVED	8. Well Number
Oil Well Gas Well			41
2. Name of Operator		APR 1 4 2004	9. OGRID Number
Arena Resources, Inc. OCD-ARTESIA  3. Address of Operator  10. Pool name or Wildea			10. Pool name or Wildcat
4920 S. Lewis, Ste 107 Tulsa, OK 74105			Queen-Grayburg
4. Well Location	·		200000000000000000000000000000000000000
Unit Letter H: 1650 feet from the North line and 330 feet from the East line			
Section 33	Township 188 Ra	ange 30E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3439 KB  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	NTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING OPNS PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	
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.			
2011			
Will run MIT no later than May 30th, 2004			
I hereby certify that the information	n obtain is true and complete to the b	est of my knowledg	re and halief
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Production Administrator DATE 4/8/04			
	e Jenike		Telephone No. 918/747-6060
(This space for State use)			
APPPROVED BY	Accepted for record - NMOC	Ð	DATE