

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

Form C-103  
Revised May 08, 2003

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: RECEIVED  
Oil Well ☐ Gas Well ☒ Other Injection ☐ APR 14 2004

2. Name of Operator OGD-ARTESIA  
Arena Resources, Inc.

3. Address of Operator  
4920 S. Lewis, Ste 107 Tulsa, OK 74105

4. Well Location

WELL API NO.  
30-015-10229

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-9262

7. Lease Name or Unit Agreement Name  
North Benson Queen Unit

8. Well Number  
33

9. OGRID Number  
220420

10. Pool name or Wildcat  
Queen-Grayburg

Unit Letter B : 660 feet from the North line and 1650 feet from the East line

Section 33 Township 18S Range 30E NMPM County Eddy

11. Elevation(Show whether DR, RKB, RT, GR, etc.)  
3440 DR

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input 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.

Will run MIT no later than May 30th, 2004

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lanette Jenike TITLE Production Administrator DATE 4/8/04

Type or print name Lanette Jenike Telephone No. 918/747-6060

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Accepted for record - NMOCD

Conditions of approval, if any: