Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 3001510128 ONSERVATION DIVISION 5. Indicate Type of Lease Federal 1301 W. Grand Ave., Artesia, NM 88210 220 South St. Francis Dr. District III STATE [] 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. **District IV** 1220 S. St. Francis Dr., Santa Fe, NM NM033775 ARTESIA NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGGACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH North Benson Queen Unit PROPOSALS.) 8. Well Number 18 Gas Well Other Witchon 1. Type of Well: Oil Well 2. Name of Operator 9. OGRID Number Arena Resources, Inc. 5300 3. Address of Operator 10. Pool name or Wildcat 4920 S. Lewis, Suite 107, Tulsa, OK 74105 Benson North Queen - Grayburg 4. Well Location Unit Letter L: 1650 feet from the South line and 660 feet from the West line Section 27 Township 18S Range 30E **NMPM** County **Eddy** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A **PULL OR ALTER CASING MULTIPLE COMPL** П CASING/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. Clean out fill. Acidize well. Put well on injection. Notify OCD 24 hrs. prior to any work done. 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines 🔲, a general permit 📋 or an (attached) alternative OCD-approved plan 🗍. **SIGNATURE** TITLE Production Supervisor DATE <u>6-8-07</u> Type or print name Danny, M. Palmer **E**-mail address: dpalmer@arenaresourcesinc.com Telephone No. (505) 738-1739 For State Use Only **Gerry Guye** Deputy Field Inspector 8 2007 DATEJUN APPROVED BY: TITLE

Conditions of Approval (if any):