

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  
May 27, 2004

WELL API NO. 30-015-10131
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Federal
6. State Oil & Gas Lease No. NM033775
7. Lease Name or Unit Agreement Name North Benson Queen Unit
8. Well Number 14
9. OGRID Number 220420
10. Pool name or Wildcat Benson, North Queen - Grayburg

**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: Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator  
Arena Resources Inc

3. Address of Operator  
2130 W. Bender Hobbs, NM 88240

4. Well Location  
Unit Letter L: 1980 feet from the SOUTH line and 660 feet from the WEST line  
Section 28 Township 18S Range 30E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3435 KB

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance 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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <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.

Pull tubing, check tubing & packer for leak. Casing will have pressure. Run new packer, test tubing in hole. Load backside w/packer fluid. Run MIT

Notify OCD 24 hrs. prior to PERFORMING MIT TEST.  
~~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 below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Colleen Robinson TITLE Compliance Analyst DATE 06-12-08

Type or print name Colleen Robinson E-mail address: c Robinson@arenareourcesinc.com Telephone No. 575-738-1739  
**For State Use Only**

APPROVED BY: Richard [Signature] TITLE Compliance Officer DATE 6/16/08  
Conditions of Approval (if any):