Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-3683/
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 Fc, NM 87505		300385
SUNDRY NOT	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	HOBES SAN-ANDRES UNIT
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 608
2. Name of Operator ARENA RESOUR	eoes, INC	9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
4. Well Location	Suite 107 Tulsa OK 74/05	EAST HOBBS (SAN-ANDRES)
4. Well Location Unit Letter:	1070 feet from the South line and	1280 feet from the EAST line
Section 30 Township 185 Range 39E NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 36/1 Pit or Below-grade Tank Application or Closure		
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER: DEILING PIT		
OTHER: Driffing Pr J		
AN EXH	ENSION FOR COVERIN	og Drilling Pit
BECAUSE of EXCESSIVE RAIN		
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I hereby certify that the information	above is true and complete to the best of my knowl	edge and belief. I further certify that any nit 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 / ~	FITTE Producti	on Foromen DATE /17/0.5

SIGNATURE

TITLE

TITLE

TO Suction

To an (attached) alternative OCD-approved plan

TITLE

Title