Submit 3 Coying To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
District II 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-12039
District III	1220 South St. Francis Dr.	STATE FEE S
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		22112
	TCES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	South Leonard Queen Unit
PROPOSALS) 1. Type of Well: Oil Well	Gas Well 🛛 Other Injection	8. Well Number
2. Name of Operator		9. OGRID Number
Arena Resources Inc 3. Address of Operator).	220420 10. Pool name or Wildcat
2130 W. Bender	Hobbs, NM 88240	South Leonard Queen
4. Well Location		
Unit Letter A :	990 feet from the North line and 330	feet from the West line
Section 23	Township <u>26S</u> Range <u>37E</u>	NMPM County <u>Lea</u>
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
Pit or Below-grade Tank Application	or Closure 🗌	AD-COMMON COMMON
Pit typeDepth to Groundy	waterDistance from nearest fresh water wellDist	tance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volumebbls; Co	onstruction Material
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	= 1	
PULL OR ALTER CASING		
OTUED.		_
OTHER:	OTHER: oleted operations. (Clearly state all pertinent details, and	d give portinent dates, including estimated date
of starting any proposed w or recompletion.	ork). SEE RULE 1103. For Multiple Completions: At	tach wellbore diagram of proposed completion
Pull tubing, check tubing & packer for leak. Repair leak. Run new packer, test tubing in hole. Load backside		
w/packer fluid. Run MIT		RECEIVED
		MAR 2 4 2008
		MODOCACI
		HORRS OUD
I hereby certify that the information	above is true and complete to the best of my knowledge	e 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 <i>Bd Akin</i>	TITLE Production Foreman	DATE <u>03-24-2008</u>
Type or print name Bob Akin	E-mail address: <u>bakin@arenaresourcesinc.com</u>	<u>1</u> Telephone No. <u>575-738-1739</u>
For State Use Only	dh di The comme or	
	Selliana TITLE	HERAL MANAGER DATE R 0 2 2008
Conditions of Approval (if any): Conditions of Approval: the operator		
shall give 24 hour notice the the appropriate		
	District office before work begins.	
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