

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

Form C-103  
 May 27, 2004

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

WELL API NO.  
 30-025-09296

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

**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

2. Name of Operator  
 Mission Resources

3. Address of Operator  
 1100 Louisiana, Suite 1455 Houston TX 77002

4. Well Location  
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
 Section 10 Township 23S Range 36E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3460' GL

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 \_\_\_\_\_

7. Lease Name or Unit Agreement Name  
 State A A/C 1

8. Well Number 86

9. OGRID Number

10. Pool name or Wildcat  
 Langlie Mattix 7 Rvrs Queen GB

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

Test Date: 2-21-2006

1. Load casing w/ 2% KCL and corrosion inhibitor. ( CIBP @ 3600' w/ 35' cmt.)
2. Pressure test csg surface to 3600' to 500 psi for 30 minutes. ( Record test on chart for OCD subsequent report)
3. TA wellbore for future use.

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 Joel Sisk TITLE Production Foreman DATE 2-16-2006

Type or print name Joel Sisk E-mail address: jsisk@petrohawk.com Telephone No. 505-390-8936

APPROVED BY: Gary W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 20 2006  
 Conditions of Approval (if any):