

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. 30-025-20974
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State A A/C 1
8. Well Number 106
9. OGRID Number 194849
10. Pool name or Wildcat Jalmat,Tansill,Yates,7 rvrs,Gas

**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  
Petrohawk Operating Company

3. Address of Operator  
1000 Louisiana, Suite 5600 Houston TX 77002

4. Well Location  
 Unit Letter A : 660 feet from the North line and 660 feet from the East line  
 Section 13 Township 23S Range 36E NMPM County Lea

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

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 \_\_\_\_\_

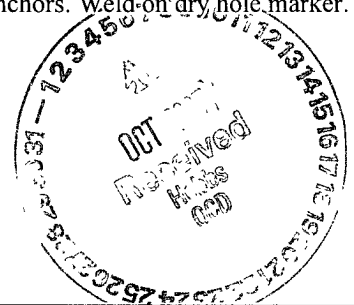
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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 checked="" 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.

8-27-07 RU pluggers. Run tbg tag @ 3168'. Inform Gary Wink he OK. Spot 30 sks cmt 3158'-2724'. WOC. Tag TOC @ 2841'. Inform Buddy Hill & he OK. Run tbg @ 2841'. Circulate hole w/ gel brine & spot 25 sks cmt 2841'-2491'. WOC. Tag TOC @ 2503'. Inform Buddy Hill & he OK. Perf @ 1430'. Squeeze perf 1430' w/ 50 sks cmt & displace to 1230'. WOC. Tag TOC @ 2490'. Inform Buddy Hill & he OK. Squeeze perf @ 1430' w/ 50 sks cmt & displace to 1230'. WOC. Tag TOC @ 1427'. Inform Buddy Hill & he OK. Squeeze perf @ 1430' w/ 50 sks cmt & displace to 1230'. WOC. Inform Buddy Hill & he OK. Spot 25 sks cmt 1390'-1028'. Test csg 421'-1028', will not test. Inform Buddy Hill & he OK our request to set CIBP @ 425'. Perf @ 375'. Squeeze perf @ 375' w/ 135 sks cmt & circulate cmt out surface valve. WOC. Tag TOC @ 10'. Inform Maxie Brown & he OK. Cut off wellhead & anchors. Weld on dry hole marker. Request PA status.

Approved as to plugging of the Well Bore.  
 Liability under bond is retained until  
 surface restoration is completed.



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 10-2-07

Type or print name Joel Sisk E-mail address: jsisk@petrohawk.com Telephone No. 505-394-2574

**For State Use Only**

APPROVED BY: Gay W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 09 2007  
 Conditions of Approval (if any):